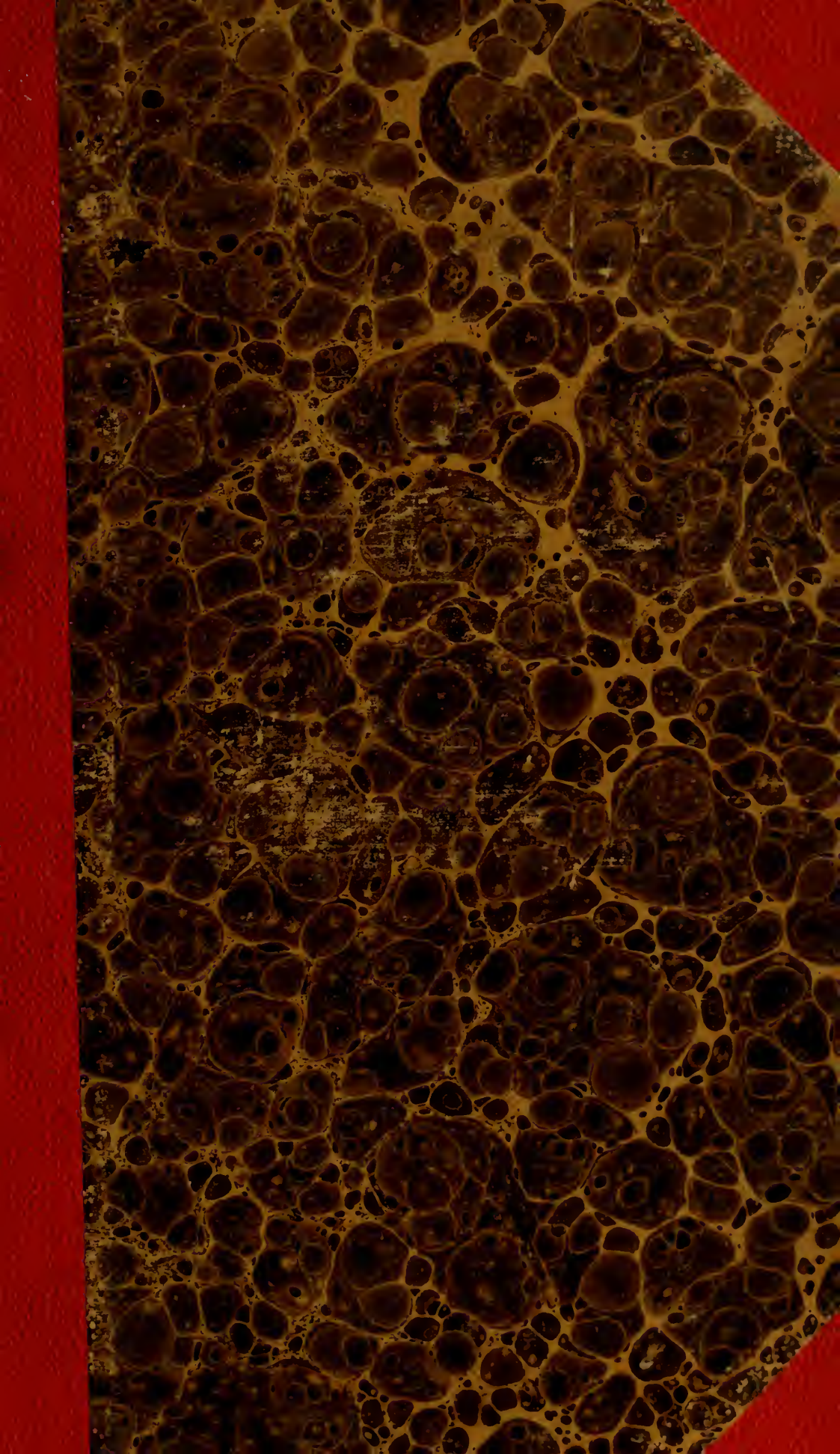




No.

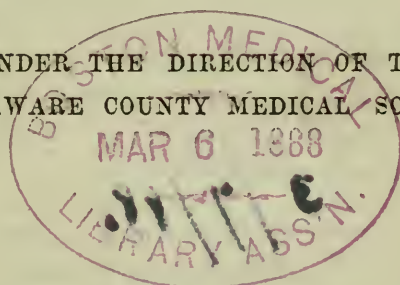
BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.

THE

MEDICAL REPORTER.

A QUARTERLY JOURNAL,

PUBLISHED UNDER THE DIRECTION OF THE CHESTER AND
DELAWARE COUNTY MEDICAL SOCIETIES.



NUNQUAM NIMIS DICTUR, QUOD NUNQUAM SATIS DISCITUR—SENECA.

VOLS. I, II and III.

WEST CHESTER, PA.
HENRY S. EVANS, PRINT.

THE MEDICAL REGISTER

CATALOGUED,
E. H. B.

3/7/88.

VOL II 1887

PRINTED BY THE MEDICAL REGISTER

INDEX TO MEDICAL REPORTER.

VOLS. I, II AND III.

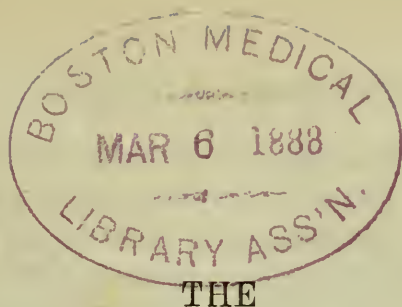
Achilloea Millefolium in Hemorrhage.....	II, 125
Aconite in Ephidrosis.....	III, 89
Addresses.....	I, 4 ; II, 3 ; III, 3
Adulterated Drugs.....	II, 88
Albumen as a Chologogue.....	III, 118
Alcohol.....	III, 80
Alum.....	I, 90 ; II, 90
Appendix Vermiformis, foreign body in.....	III, 72
Argenti Nitrat.....	III, 27, 59, 120
Arsenic, poisoning by.....	III, 55
Ascites.....	I, 93
Bailey, Dr. Abraham, biographical notice of.....	I, 62
Births in Chester county.....	I, 38 ; II, 41
" Delaware ".....	I, 42
Boils.....	II, 61
Brinton, Dr. J. B.....	III, 3, 98
Bronchitis, Chronic.....	III, 76
Brooke, Dr. J., case of Hemeralopia.....	II, 77
Bubo, Tr. Iodine in.....	III, 90
Caldwell, Dr. C., obituary notice of.....	I, 64
Cancer.....	III, 77, 78
Cannabis Indica in Trismus.....	II, 91
Carbuncles.....	II, 61 ; III, 83
Chapman, Dr. N., obituary notice of.....	I, 64
Ches. Co. Med. Society, History of...I, 45, 72, 105 ; II, 15, 46	
" " " " Report on Epidemics.....	I, 33
" " " " " Cholera.....	I, 66
" " Population and Deaths, in 1850.....	I, 40
" " Poor House, medical attendance, &c.,.....	I, 108
" " Medicinal Plants in.....	II, 33
Chloroform.....	I, 61, 91 ; II, 61 ; III, 27, 81
Cholera.....	I, 66 ; II, 98, 105 ; III, 86
Chloride of Zinc in Cancer.....	III, 77
Cod Liver Oil.....	II, 56, 62
Coffman, Dr. I. Z., Fracture.....	II, 39
Coffee and Morphia in Neuralgia.....	III, 79
Colchicum.....	I, 91 ; III, 79
Colic.....	I, 91, 94

- Collodion:.....II, 88
 Coroners, Medical.....II, 126
 Creasote.....II, 87; III, 80
 Croup.....I, 93
 Darlington, Dr. Wm., Indig. Med. Plants of Ches. Co..II, 33
 Davis, Dr. Isaac, biographical notice of.....I, 126
 Davis, Dr. Roger, " " I, 96
 Deaths in Chester County.....I, 39; II, 42
 Deaths in Delaware County.....I, 42
 Delirium Tremens.....III, 27
 Difficult Labor.....III, 69
 Dover Powder, substitute for.....II, 89
 Drake, Dr. D.....I, 64
 Dropping Fluids.....II, 88
 Dysentery.....III, 80
 Dysmenorrhœa.....I, 94
 Edge, Dr. J. P., Pneumonia of Children.....III, 35
 Editorial...I, 1,52,84,116; II, 54,80,120; III, 25,57,75,110
 Ehrenzeller, Dr. Jacob, biographical notice of.....I, 30
 Ephidrosis, Aconite in.....III, 89
 Epidemics, reports upon.....I, 33
 Epilepsy.....II, 82; III, 88
 Erigeron Philadelphicum.....II, 125
 Erysipelas.....I, 57, 92; II, 49
 Ether Sulphuric.....II, 82; III, 88
 Fever, Enteric.....I, 91; III, 29
 Fever, Intermittent.....II, 58; III, 28, 73
 Fœtus, effects of fright upon.....II, 28
 Fracture of Lower Jaw.....II, 112
 Gallic Acid.....II, 62
 Gibbons, Dr. James, Biographical notice of.....I, 128
 Gleet.....II, 63
 Gonorrhœa.....II, 60; III, 90
 Griffith, Dr. Joseph, Biographical notice of.....III, 121
 Gunkle, Dr. Wm. H. on Talipes.....III, 104
 Haines, Dr. Wm. E., Biographical notice of.....III, 90
 Hartman, Dr. Wm. D. Tumor of Scalp.....I, 29
 Hayes, Dr. I. J.... ..II, 115
 Hayes, Dr. Nathan, Biographical notice of.....III, 60
 Hemeralopia.....II, 77
 Hemorrhage.....I, 28,57; II, 125
 Heysham, Dr. Charles on Caries.....I, 114
 Homœopathy.....III, 86
 Horner, Dr. Wm. E.....I, 64
 Huddleson, Dr. J. T. on Small Pox.....I, 46

Humulus Lupulina.....	I, 94
Hydrocele of the Neck, Ogier.....	III, 108
Hydrochlorate of Am. in Bronchitis.....	III, 76
Hypertrophy of Heart.....	I, 51
Inhalation.....	III, 79
Introduction.....	I, 1
Iodine.....	I, 59; II, 59, 61; III, 90
Inunction in Scarlatina.....	I, 94
Langdolfi on Cancer.....	III, 78
Laryngitis, Argent. Nit. in.....	III, 120
Leibig's Broth.....	III, 89
Leucorrhœa.....	II, 87; III, 28
Malpractice.....	II, 118; III, 26
Mammary Abscess.....	I, 59
Marshall, Dr. Moses, Biographical notice of.....	I, 31
Martin, Dr. George, cases.....	II, 49; 3
Medical News.....	I, 55
Medical Society of Pennsylvania.....	II, 126
Miller, Dr. W., Biographical notice of.....	II, 127
Moore, Dr. Joseph, Biographical notice of.....	I, 61
Morris, Dr. Jonathan, " ".....	III, 30, 61
Morton, Dr. C. J., cases.....	II, 115; III, 15
Mullein Leaves in Intermitt. Fever.....	III, 28
Neuralgia.....	III, 79
Nipples, Chapped.....	I, 93; III, 58
Norwalk, physicians killed at.....	I, 32
Nux Vomica.....	II, 126; III, 85
Obstetrical Supporter.....	II, 125
Ogier, Dr. S. A., Essays, &c.....	I, 43; II, 65; III, 108
Olive Leaves in Intermitt. Fev.....	II, 58
Orchitis.....	II, 88
Os. Uteri, rigidity of.....	II, 90
Ovarian Disease.....	I, 46
Pacchulosis.....	II, 3
Parish, Dr. C. W. on Prussiate of Iron.....	III, 73
Pennington, Dr. Isaac, Biographical notice.....	III, 94
Pennypacker, Dr. I. A., Obituary notice.....	III, 114
Pertussis.....	II, 89
Phthisis.....	II, 62
Physicians in United States.....	III, 77
Pierce, Dr. Moses, Biographical notice of.....	II, 64
Piles, treatment of.....	III, 80
Pneumonia.....	I, 92; III, 35, 117
Poor House, Chester County.....	I, 108
Poor, services to, in New York City.....	II, 125

- Porrigo.....III, 78
 Price, Dr. Jacob, Cases.....I, 48; II, 112; III, 72
 Proceedings of Chester County Medical Society.....
I, 2, 65; II, 1, 51, 78, 97; III, 1, 33, 65, 97
 Proceedings of Delaware County Medical Society.....
I, 8, 41, 97; II, 14, 54, 112; III, 8, 52, 67, 107
 Proceedings of Amer. Med. Asso'n.....I, 11; II, 17; III, 9
 Proceedings of Penn'a Med. Society...I, 21; II, 27; III, 41
 Prolapsus ani.....III, 59
 Prurigo Formicans.....II, 90
 Puerperal Convulsions.....I, 61
 Pumpkin Seeds, oil of, in *Tænia*.....I, 93
 Quinn, Dr. J. H., Biographical notice of.....II, 128
 Rattlesnake, Iodine an antidote for.....II, 61
 Rheumatism.....I, 43, 94
 Ross, Dr. John, Biographical notice of.....I, 94
 Sarsaparilla.....III, 98
 Scarlatina... ..I, 91, 94
 Secrecy, Medical.....III, 59
 Shallcross, Dr. Joseph, Biographical notice of.....II, 63
 Sick Headache I, 57
 Small Pox.....I, 46; III, 89
 Smith, Dr. R. K.....I, 42, 99
 St. Augustine, climate of.....III, 88
 Stomach, excision of bar of lead from.....III, 60
 Swayne, Dr. C., case of difficult labor.....III, 69
Tænia.....II, 65
 Thomas, Dr. Isaac, address and cases.....I, 4, 28, 51
 Tobacco.....II, 65
 Transactions of Med. Soc. of Penn'a...I, 79; II, 75; III, 53
 Trismus Nascentium.....II, 91
 Tumor of Scalp.....I, 28
 Turpentine in Pneumonia.....III, 117
 Unity of the Races.....III, 27
 University of Pennsylvania.....III, 28
 Vaccination.....III, 116
 Vanleer, Dr. B., Biographical notice of.....II, 91
 Veratria,.....I, 94
 Vomiting.....II, 126; III, 80
 Warts.....I, 92
 Whitlow.....III, 77
 Women, Hospital for, in New York.....II, 126
 Worthington, Dr. John, Biographical notice of.....I, 127
 Worthington, Dr. W., address.....II, 3
 Worthington, Dr. Wm. H., case, &c.....I, 82; II, 108

957



MEDICAL REPORTER.

VOL. I. NO. 1. JULY, 1853.

In presenting the MEDICAL REPORTER to the profession, the editors have no particular apology to offer. They merely perform a duty which the societies they represent have assigned to them, and while they feel a sense of regret, that the task has not been entrusted to abler hands, they assume the responsibility of their new vocation with the expectation of receiving a cordial co-operation from their professional brethren. If, however, they should subject themselves to animadversion and criticism, they would invoke a spirit of indulgence, from the fact, that they have no desire to invade the province of other journalists, but to place their own transactions in a better form for preservation, and at the same time afford greater facilities for their circulation among their own members.

Within the bounds of the two societies, a great many interesting cases of disease are lost to the professional reader, for the want of a more convenient opportunity of publication. To record these cases—to circulate biographical notices of those deceased physicians who have acquired among us a reputable standing in the profession—to foster a more general interest in the dissemination of medical science, and to stimulate and bring into fuller action the medical talent within our limits, are the principal incentives to the publication of this journal.

With such laudable objects in view, we feel assured our undertaking will not provoke the jealousy or condemnation of our cotemporaries, but meet with that liberal reception from the enlightened and magnanimous portion of our professional brethren, whose good opinion we value, and would under no circumstances be willing to forfeit.

PROCEEDINGS OF SOCIETIES.

Proceedings of the Annual Meeting of the Chester County Medical Society, April, 1853.

THE ANNUAL MEETING OF THE CHESTER COUNTY MEDICAL SOCIETY was held at West Chester, April 26th, 1853. Fifteen members present. Dr. Isaac Thomas in the chair.

On motion the society proceeded to an election for officers for the ensuing year, whereupon the following were chosen.

PRESIDENT—Dr. Wilmer Worthington.

VICE PRESIDENTS—Dr. Isaac R. Walker and Dr. J. B. Brinton.

CORRESPONDING SECRETARY—Dr. C. W. Parish.

RECORDING SECRETARY—Dr. Jacob Price.

TREASURER—Dr. Edward F. Rivinus.

CENSORS—Drs. S. H. Harry, Wm. D. Hartman, and Isaac A. Pennypacker.

Dr. Worthington on taking the chair as President, kindly tendered to the society his thanks for the distinction conferred, and solicited the cordial co-operation of the members in the discharge of the duties of the office.

Dr. Thomas, the late president, delivered the annual address.

On motion of Dr. Parish, the thanks of the society were tendered to Dr. Thomas, for his able and interesting address, and a copy requested for publication.

The following gentlemen were elected delegates to the meeting of the State Medical Society, to be held in Philadelphia, on the 25th of May next, viz:—Drs. W. Worthington, Isaac R. Walker, S. H. Harry, S. A. Ogier, John P. Edge, C. W. Parish, E. F. Rivinus, Wm. D. Hartman, J. H. Bradford and Jacob Price.

On motion of Dr. Thomas, the delegates to the American Medical Association, and to the State Society, were authori-

zed to fill any vacancies that may occur in the respective delegations.

The committee to prepare biographical notices of deceased physicians of Chester county, Drs. Darlington, Worthington and Parish submitted a report, embracing notices of Drs. Jacob Ehrenzeller, Moses Marshall, Joseph Moore, Abram Baily, John Ross, Roger Davis, John Werthington, James Gibbons, Moses Peirce, Warrick Miller and John H. Quinn. The report was accepted, and the committee continued.

Dr. Parish submitted the report of the committee on epidemics for the year 1852, which was adopted and ordered to be forwarded to the State Society. [The report will be published in another number of the Reporter.]

The committee appointed at the adjourned meeting of the Chester County Medical Society, held at Paoli, Nov. 24, 1852, for the purpose of ascertaining the practicability of establishing a periodical journal of the proceedings of the society, and of learning what assistance may be expected from Delaware county, submitted the following report:

"The chairman addressed a letter to the Delaware County Medical Society, inviting the appointment of a committee to confer with them upon the subject, which invitation was accepted, and the two committees met at West Chester, on the 16th of April, and agreed upon the following report, to be laid before the respective societies at their next stated meetings.

The committee after mature consideration of the subject, were unanimously of the opinion, that it is both practicable and expedient to publish a quarterly journal, to be called 'THE MEDICAL REPORTER,' published by the authority of the Chester and Delaware County Medical Societies.

Five editors to have charge of the work. Three of them to be appointed by the Chester County Society, and two by the Delaware County Society. One principal editor to be chosen by these from among themselves.

The first number to be issued on the 1st of July, or as soon thereafter as practicable."

On motion the report was adopted, and the editorial committee, on the part of the Chester county society, ordered to consist of Drs. W. Worthington, Isaac Thomas and Jacob Price.

The committee on epidemics, Drs. Parish, Isaac A. Penny-packer, Harry, Hartman, Townsend, Boyd and Stebbins, were continued to prepare a report for the year 1853.

The committee on medical topography, consisting of Drs.

Worthington, A. K. Gaston, Dickey, M. Fussel and Ogier, were continued to prepare a report for the year 1853.

The society adjourned to meet at Downingtown, on Tuesday, the 7th of June next, at one o'clock, P. M.

JACOB PRICE, Recording Secretary.

Address—Delivered before the Chester County Medical Society, at its Annual meeting, April 26, 1853,—By DR. ISAAC THOMAS, the late President.

GENTLEMEN—

It is provided in your adopted Constitution that your President shall prepare and deliver a public address to the Society, at the next annual meeting succeeding his election. Had your too flattering honor been withheld from the present incumbent, it would have been more congenial with his feelings, and most gladly would he now shrink from the duty required; and the more so, especially, from the able and satisfactory manner in which it has been performed by his predecessor.* By him the duties and objects of the members of our profession have been so fully and chastely descanted upon, that other views should claim our attention to-day. Being the first to take the degree of Doctor of Medicine in our county, from him with the greatest propriety came the persuasive and eloquent admonitions of his appeal, and I hope not without its proper influence; and from his high position, self-taught in the kindred branches, the more potent for emulation.

The objects of our profession are pre-eminent for good, and when conscientiously performed, should receive the approval and commendations of the intelligent. But alas! how often do we not find ourselves disappointed in this, let the evidence before us testify.

There is an innate principle of superstition implanted in the minds of all to a greater or less degree, and it is chiefly owing to this that most of the deviations from a true pathology, and the application of appropriate materia medica, are cherished and approved by those who need their benign influence. Hence the unbounded sway that mere assertion has upon the minds of mankind, and any dogma no matter how absurd, is received as a truth. If the mere dictum of the alchemist will persuade the credulous to believe that the baser metals can be transmuted into gold, and the assurance of others

*William Darlington, M. D., who graduated in 1894.

that the millionth part is more active and potent than the whole, how very probable is it not, that the wand of the demagogue can raise a phantom in the diseased mind of the willing believer. Whilst the *vis vitæ* is actively and constantly at work, performing a recuperative influence to stay the ravages of disease, to the inert pellet is ascribed a power that wholly belongs to that principle of the animal economy without which, little benefit can be hoped for, even when the most prompt, energetic and correct treatment is adopted.

Some of the new and prevailing dogmas of the present time bring to mind the phantoms and errors of periods long past and exploded. A reference to some of them may not be altogether out of place. Compared with the earliest periods of which we have any record, it is evident that with all our boasted intelligence and learning, and even with the aid of the almost omnipotent press, the masses of this day do not in many respects stand superior, to those of ancient times. "The Chaldeans, as we are informed by Diodorus Siculus, who was a cotemporary with Julius Cesar, learned the art of astrology and magic from the Egyptians, who were from the earliest times adepts in these fictitious sciences; and by the cultivation of these arts, their priests acquired an irresistible sway over an ignorant and superstitious people.

"Magic in a more modern sense, is a science which teaches to perform wonderful and suprising effects. If any wonder how so deceitful a science should gain so much credit and authority over men's minds, Pliny gives the reason of it. It is says he, because it has possessed itself of those sciences of the most esteem amongst men, taking from each all that is great and marvellous in it. Nobody, continues he, doubts but it had its origin in medicine, and that it insinuated itself into the minds of the people, under the pretence of affording extraordinary remedies. And it is also stated in Holland's Pliny that "above all other things, the superstitious vanities magicians made much to the establishing of Asclepiædes, his new physic herbs. For they, in the height of their vanity, attributed so strange and incredible operations to some simples, that it was enough to discredit the virtues of them all."

Webster in his definitions of superstition, adopts as one of them, "The belief of what is absurd, or belief without evidence." Superstition is also defined to be, "The error of those who, in their opinion of the causes on which the fate of men depend, believe or disbelieve without judgment and knowledge. The external causes by which the fate of men is decided, are God and nature; and accordingly there is a re-

ligious, and a philosophical superstition which shows itself either in deriving natural effects from supernatural causes, attributing, for instance, an uncommon disease, connected with striking symptoms, to the influence of some evil spirit; or in believing such events as accidentally follow each other to be united by invisible connections; as for example, considering a comet a messenger of distress, because it has happened sometimes, that after the appearance of a comet a misfortune has taken place. It is impossible to point out all the kinds of superstition, as they have existed among different nations and communities, and to estimate the melancholy effects which they have had on human virtue and happiness. Many of the dogmas of the present day, as above referred to, are the devices of demagogues and pretenders to blind and bewilder, as the *ignis fatuus*, inducing the superstitious and ready believer to follow their unsubstantial and flickering light. It is difficult to account for most if not all the delusive doctrines and extravagant belief in them, upon any other quality of the human mind than that of superstition. Thus when it is gravely asserted that *Similia similibus curantur*, it is without any show of reason; and notwithstanding it has been gravely proclaimed by a disciple of that dogma, that it is the "ne plus ultra," and "Ultima Thule," of the healing art, little more reliance can be placed upon it, than the mere assertion of the most arrant empiric, adopting the same confident and bold declaration; and indeed, none but a pretender could advance such unsound and unqualified language. It is one of the strongest evidences of empiricism, to assert there is no fear of the result being unfavorable, when their nostrum is swallowed. The honest and candid physician will never assert that his remedies are infallible. It may be looked upon as Quixotic to attempt an exposition of a dogma so groundless, which like many of the superstitions of by gone days, will, notwithstanding its present apparent success, be buried with its predecessors, to give place to some fancy equally absurd.

For a long period of time the efforts of the regularly educated physician have been, to establish the healing art upon rational grounds, and to trace cause and effect upon the same principle that governs the action of matter upon matter, and with that object in view have they approximated the means of benefitting the human family in a way that is not pursued, if understood, by any other class. And every physician of experience and observation has been fully satisfied that the dose must be increased or diminished to meet the exigencies of the case. Doubtless he has often remarked that a single grain is

not sufficient to produce a sanitary effect which ten would ; and how often for instance has he not had to administer opium in some form in largely increased doses before a decided impression would be made upon the progress of disease. How is it, that to produce a full effect upon the system with the anæsthetic agents, it often requires long continued, and largely increased quantities of those active articles which would not be the case if the millionth part is more potent than the whole.

A third of a century ago, when beginning the practice of my profession, there were many inconveniencies to contend with in the administration of remedies that are now measureably obviated. The active principles were so loaded with their crude and indigestible combinations, that it was difficult to get the patient to swallow them; but the improvements in chemistry have relieved us of much of that inconvenience. But I apprehend that we are also losing much that is valuable by a refinement too delicate. For some time after the period above referred to, the sulphate of quinine for instance, now so common, was scarcely known to the profession at large, and if known was not in general use. I am, however, inclined to the opinion, that we lose many of the adjunct principles by too careful a separation of the parts. In the treatment of many cases of disease where that article is necessary, I believe we gain more in the use of the fluid extract of the bark, from which it is obtained than in the pure sulphate alone. The same holds good in many other articles that we use. It is important that we closely observe and scrutinize for ourselves the effects of the various preparations, and not too much depend upon the opinions of others. The beginner must have a rule to guide him, but he who observes for himself, will do much for the elevation of the character of the profession. I cannot but reiterate what has already been recommended to the Society in the last annual address, and especially to the younger members, the propriety of making and keeping careful records of their cases. A volume might be prepared in the course of a few years that would not only contain a mass of useful material, but by a skilful selection would be profitably admitted into the journals of the day. I have to regret that I can now only advise you to do, what I have neglected to perform myself, and I trust that the advice will not be given in vain.

A man entering the profession, possessing no brilliant talents, but endowed with a good practical mind, and having industry, can do far more to benefit mankind, and make himself

respected and useful than may at first appear: and after all that we learn of, and admire in a great genius that meteor like astonishes for a while from its surpassing splendour, it is the steady, even plodding physician, who does most to relieve the anxieties and sufferings of the human family.

To the young, well educated and energetic physician belongs the good name of the profession he has selected, for these qualities will be strengthened in maturer years, and he should emulate the better traits of character of those who have preceded him, and who may be retiring from the active sphere that they have occupied; and much will depend upon his course and conduct in correcting the errors of the false lights that are every where to be seen. And notwithstanding all that he can do, he will often be reminded of the language of the poet, that "Fools step in, where Angels fear to tread"

Proceedings of the Delaware County Medical Society.

Stated meeting, Media, February 22d, 1853.

Dr. S. A. Barton, Vice President, in the chair.

Present eight members.

A report from the sanitary committee was read, adopted, and directed to be forwarded to the State Society.

A letter from Dr. Worthington was read in reference to the establishment of a periodical journal, and a committee consisting of three was appointed to meet a similar one on the part of the Chester County Medical Society, to consider the feasibility of the project.

The officers elected to serve the society for the ensuing year are—

PRESIDENT—Dr. S. A. Barton.

VICE PRESIDENT—Dr. C. Ash.

SECRETARY—Dr. G. Martin.

CORRESPONDING SECRETARY—Dr. C. S. Heysham.

TREASURER—Dr. M. Emanuel.

Stated meeting May 24th, 1853.

President, Dr. S. A. Barton, in the chair.

Present nine members.

The committee appointed at the last meeting to take into consideration the practicability of establishing a periodical journal, reported favorably, and Drs. Martin and Huddleson were appointed editors for this society, in conformity with the report.

Dr. R. K. Smith, delegate, read a report of the proceedings of the National Medical Association.

Dr. Martin exhibited the larynx of a child extensively diseased, and read the following history of the case. Also, two fibrinous bodies taken from the ventricles of a man's heart, who had died of pneumonia; they were triangular, and the larger was two inches long, an inch and a half broad, and a quarter thick—the smaller not a great deal less. They were attached to the columnæ carneæ and obstructed both the tricuspid and mitral as well as the semilunar valves.

Josephine F., aged one and a half years, a perfectly healthy child, was seized early in March, 1852, with an affection which her physician pronounced pneumonia; this left her after a time with considerable hoarseness and dyspnœa, which continued gradually to increase until the 16th of last month, when her voice was entirely suppressed, and her respiration so impeded as apparently to threaten immediate suffocation. Her friends having now become alarmed, were induced again to seek medical aid, and I was called upon. I found her suffering as above described, with a frequent though not very strong pulse, hot skin, furred tongue, and complaining of pain in the abdomen, which was full and tympanitic; the chest was very resonant on percussion, but the vesicular murmur was feeble, and the larynx on auscultation gave a loud whistling sound.

She was purged with calomel, and put upon nauseating doses of pulv. ipecacuanha, with counter irritation to the throat; this relieved the fever, (though the pulse still continued frequent) and the urgent symptoms gradually diminished. Her appetite was very great, and judging that worms in the intestinal canal were producing an additional disturbance to her system, she was given worm seed oil, pretty freely for several days, but without any beneficial effect.

I now sought the advice of my friends, Drs. Worthington and Huddleson, (the latter attending with me from this time until her death) and after blistering, which produced but little benefit, we commenced applying a solution of nitrate of silver, XX grains to the oz., to the larynx, anointing the throat well and frequently with iodine ointment, and giving balsam of copaiba internally. This treatment was continued until her decease, which occurred suddenly on the morning of the 18th of the present month, without any apparent aggravation of her complaint.

On making an examination of the body, a few hours after death, we found the larynx very much diseased, the vocal chords being entirely destroyed, and their places filled with

white fungoid bodies, so large as to occupy nearly the whole cavity of the organ.

The trachea bore no evidence of disease, but both lungs were emphysematous to a very great extent; on the left there was a very slight pleuritic adhesion, and its lower lobe was considerably hepatized, and bore the marks of recent inflammatory action. There was also congestion in various places. The right side of the heart was very much distended, and on opening it, a portion of organized fibrin an inch long, half an inch broad, and one-eighth thick, was found attached to the chordæ tendineæ, extending through the tricuspid valve; to this was attached a large dark clot, which completely filled the auricle. The walls of the left ventricle were thickened and softened, but the semilunar valves of both sides were healthy.

The liver was large but looked natural. The stomach and bowels were filled with gas and some of the mesenteric glands were enlarged. In the ileum a large quantity of lumbricoides were found collected in two bunches, at the largest there was intus-susception in another place, free from worms, and without any marks of inflammatory action.

In reviewing the history of the above case, it becomes, I think, very evident that the principal amount of disease found in the thorax must have originated from the affection of the larynx, for the continued forced action of the lungs arising from the obstruction there, would without a doubt produce the emphysema, which by retarding the circulation through their parenchyma, would cause congestion and inflammation.

The hypertrophy of the left ventricle also owes its origin to this obstruction of the circulation, and the deposit of fibrine upon the chordæ tendineæ must have occurred from the blood containing an increased quantity of that element arising from the condition of the lungs.

The worms found in the intestines together with the two instances of invagination are also interesting points of study. Could they have been the cause of this? or was intus-susception produced by irregular muscular action during death? In the last instance this would appear the most probable, as there were no marks of congestion or inflammation, which there certainly would have been, had it occurred while the vital powers were active, and there were no worms near it.

But in the first this does not appear so clear, as there were both worms and inflammation there. Yet still, in this instance, it could not have taken place long before the fatal termination, or we should have had violent colic, produced by the ob-

struction, which was not the case. The inflammation must therefore have been caused by the worms themselves, and not by the intus-susception.

GEORGE MARTIN.

Concordville, 5th mo. 1853.

A committee of three were appointed to draft resolutions expressing the approbation of this society in relation to Y. S. Walters' constant refusal to publish quack advertisements in the Delaware County Republican.

American Medical Association.

The Association held its sixth annual meeting on Tuesday, May 3d, in the city of New York, the President, Dr. BEVERLEY R. WELLFORD, of Virginia in the chair.

Dr. F. Campbell Stewart, chairman of the committee of arrangements and reception, congratulated the association upon the recurrence of its anniversary; and then read the list of accredited delegates, when five hundred and seventy three answered to their names, representing one hundred and seventy institutions, thirty States and Territories, the District of Columbia, the Army and Navy of the United States, and the American Medical Society in Paris. There was one member by invitation from Syria, and one from Canada West.

The President declared the meeting organized, when, on motion, a recess of fifteen minutes was taken, to allow the delegates from each State, to select one of their number as a committee to nominate officers for the ensuing year.

The following gentlemen were selected as the nominating committee:

District of Columbia, Thomas Miller; Illinois, N. S. Davis; Massachusetts, A. L. Peirson; Connecticut, Archibald Welch; Ohio, R. Howard; New Jersey, Lewis Condict; South Carolina, H. R. Frost; Pennsylvania, F. West; Vermont, E. S. Carr; Tennessee, J. B. Lindsley; Missouri, C. A. Pope; New Hampshire, J. Crosby; Michigan, H. Taylor; Rhode Island, H. Allen; North Carolina, J. G. Tull; Indiana, Joseph Somes; Delaware, H. F. Askew; Alabama, J. A. English; Maryland, Joel Hopkins; Iowa, J. C. Hughes; New York, Joseph M. Smith; Georgia, H. F. Campbell; Kentucky, J. B. Flint; Maine, Isaac Lincoln; Virginia, T. P. Atkinson.

Dr. Pope, of Missouri, extended an invitation to the Association to hold their next annual meeting, for 1854, at St. Louis, when, on motion, the invitation was accepted.

Dr. Condie, of Pennsylvania, chairman of committee on publications, submitted a report from the committee, with resolutions appended, making the assessment for the present year \$5; authorizing the committee to decide upon the terms at which the volume of transactions for this year shall be furnished; and further authorizing them to take such measures in relation to the disposal of the copies as they may deem expedient, and that it should be their duty to inform the members of the terms agreed upon by a circular. Dr. Condie stated that a valuable paper would be submitted at this meeting, the mere illustrations of which would cost \$1,000 for printing.

The resolutions were adopted.

The Treasurer's report showed the total receipts for the past year to be \$1,905; paid out, \$2,015; balance due to Treasurer, \$110.

The President then read a very long and able address, reviewing the origin, progress and benefits achieved by the Association; for which, upon the motion of Dr. Hays, of Pennsylvania, the thanks of the meeting were presented.

Dr. Joseph M. Smith, chairman of the committee on nominations, reported the following officers for the ensuing year—*President*—Dr. Jonathan Knight, of Connecticut.

Vice Presidents—Drs. Usher Parsons, of Rhode Island; Lewis Condict, of New York; Henry R. Frost, of South Carolina; R. L. Howard, of Ohio.

Secretaries—Drs. Edward L. Beadle, of New York, and Edwin S. Lemoine, of Missouri.

Treasurer—Dr. Francis Condie, of Pennsylvania,—who were unanimously elected.

Adjourned to 9 A. M., Wednesday.

WENDESDAY, May 4th.—The association met at 9 A. M., J. Knight, M. D., President, in the chair.

Dr. C. D. Meigs, of Philadelphia, presented a report on "acute and chronic diseases of the neck of the uterus," which was referred to the committee on publication.

Dr. Condie, of Pennsylvania, chairman of committee on causes of tubercular diseases, stated that other duties had prevented him from completing his report. The committee was continued.

On the part of Dr. Porcher, of South Carolina, Dr. Condie stated that he had sent to him the report of the Committee on "toxicology and medicinal properties of our cryptogamic plants," but with the request that it should be left for further additions, to the committee. The committee was continued.

Dr. G. Emerson, of Pennsylvania, chairman of committee on "agency of the refrigeration produced through upward radiation of heat, as an exciting cause of disease," presented his report, which was referred to committee on publication.

Dr. H. F. Campbell, of Georgia, presented a report on typhoid fever, which was referred to committee on publication.

D. Atlee, of Pennsylvania, chairman of committee on epidemics in New Jersey, Pennsylvania, Delaware and Maryland, said that the committee were unable to report, in consequence of not receiving any communications from gentlemen in these States.

On motion of Dr. Atlee, it was

Resolved, That the delegates from the different States be requested to designate some gentleman from the States to which they belong to co-operate with the scientific committees.

A letter was read from Dr. Mendenhall, of Ohio, chairman of committee on the epidemics of Ohio, Michigan and Indiana, naming his associates, and asking to be continued.

Dr. Worthington Hooker, of Connecticut, chairman of committee on epidemics of New England and New York, asked that the committee be continued.

Dr. Johnson, of Missouri, stated that Dr. Reyburn, chairman of committee on epidemics of Missouri, Illinois, Iowa, and Wisconsin, requested that his committee be continued.

Dr. Sutton, of Kentucky, presented a report on epidemics of Tennessee and Kentucky, with an abstract, which was read by the Secretary, and the report referred to the committee on publication.

Dr. Pitcher, of Michigan, presented a report on the subject of medical education, which was read at length. The following resolutions attached to the report were adopted.

Resolved, That the association re-affirm its formerly expressed opinions, on the value and importance of general education to the student and practitioner of medicine, and that it would gladly enlarge its rules on this subject, so as to include the Humanities of the Schools, and the Natural Sciences.

Resolved, That in the opinion of this association, a familiar knowledge of the elements of Medical Science should precede chemical instruction.

Resolved, That in order to accomplish the latter, the hospitals, when elevated to the rank of schools of practice, and the intelligent private preceptor, are the most efficient instrumentalities to be used for that purpose.

Dr. Joseph M. Smith, of New York, chairman of committee on prize essays, reported that the committee had received

fifteen essays, which they had critically examined, and that they had awarded the two prizes, of one hundred dollars each, to the essays bearing the following titles: The first, entitled, "The Cell—its Physiology, Pathology and Philosophy; by Waldo I. Burnett, M. D., Boston, Mass. *Natura in minimis maxima est.*" The second, on the "Surgical Treatment of certain Fibrous Tumors of the Uterus, heretofore considered beyond the Resources of Art;" by Washington L. Atlee, M. D., Philadelphia. "*Palmarum qui meruit ferat.*"

Prof. Palmer, of Chicago, moved the following resolutions, which were adopted.

Resolved, That this association earnestly recommend to the local societies in different portions of our country, to appoint committees, whose duties it shall be to record the prevalence of epidemics or other diseases, and the general state of health in their respective localities, and to transmit said reports to the committees of the society on epidemics, through the State societies where they exist.

Resolved, That the Secretaries be requested to secure a wide publicity to the above resolutions, by such means as they deem proper.

Afternoon Session.

Dr. Stewart read the following resolution, offered by Dr. Stephen W. Williams, of Mass., a permanent member, which was adopted.

Resolved, That the thanks of this association be presented to Dr. Winslow Lewis, of Boston, a member of the Massachusetts Legislature, for the bill which he has presented and endeavored to sustain, providing that "no druggist, apothecary, or person engaged in manufacturing medicines, or compounds to be administered as medicines (except such as are published in standard works of chemistry, materia medica, or pharmacopœa,) shall offer the same for sale in any way, till he has filed a complete recipe in English, sworn to before a legal authority, constituted for such purpose."

Dr. G. Buck, of New York, read his paper "on the surgical treatment of morbid growth in the larynx," upon which the committee had made a formal report, illustrating a case which had been made under his care, by means of the specimen and a wax model.

On motion, the paper was referred to a committee on publication.

Dr. Mitchell, of Pennsylvania, presented the following resolution, which was after considerable discussion adopted:

Whereas, the claim of naval medical officers to defined rank, assimilated with the grades of officers of the line of the Navy, has not yet been decided upon by Congress; therefore

Resolved, That the President of this meeting appoint a committee of three, which is hereby instructed to communicate to Congress, through the presiding officer of each House, at the commencement of the next session, an expression of the interest felt by the American Medical Association of the United States for their professional brethren employed in the Navy, as set forth in the resolutions unanimously adopted at several sessions of this body.

The Committee appointed under the above resolution, consisted of the President, Dr. Mitchell, of Pennsylvania, and Dr. Stevens, of New York.

Dr. Charles Hooker, of Connecticut, offered the following resolution, which was unanimously adopted:

Resolved, That the delegates from the several States be requested to appoint committees, who shall aid the committee of publication in procuring subscribers, and in distributing the annual transactions of this association.

Dr. Condie moved that the committee on nominations be instructed to nominate the several standing committees as far as may be necessary; to report to-morrow. Adopted.

Dr. Mauran, of Rhode Island, presented a report from Dr. Simons, of South Carolina, chairman of a committee appointed by the association for that purpose, in relation to the necessity of each emigrant ship being provided with a surgeon, which was read by the Secretary.

The report was accepted, and the committee directed to prepare a memorial to Congress.

A report was then presented from Dr. Simons, chairman of a committee of the American Medical Association to memorialize Congress in accordance with a resolution of Dr. Sutton, of Kentucky, to have the medical statistics of the United States census printed separately, for the use of the medical profession.

The report was accepted, and the committee requested to prepare a memorial to Congress on the subject.

Dr. Peaslee, of New Hampshire, offered the following resolution:

Resolved, That it is the duty of the faculties to refuse to admit to examination, for the degree of doctor, all persons who intend to engage in any other than the regular practice, and to give notice of this in their annual course of lectures.

Dr. Sayre moved the following amendment.

Resolved, That a committee be appointed to memorialize the several State governments, in reference to the subject of diplomas to medical men, and to petition them, in the name of the association, for the passage of a law granting to chartered medical colleges the privilege of retracting publicly the diplomas of any of their graduates, when, in the judgment of the medical faculty of the college or school granting such diplomas or certificates, they may have forfeited the same.

The subject was laid upon the table to be taken up again.

THURSDAY, May 6th.—The association met at 9 A. M., the President, Dr. Knight in the chair.

Dr. W. Hooker, of Connecticut, offered the following resolution, which was adopted:

Resolved, That a committee of five be appointed, whose duty it shall be, in compliance with the suggestions of our late President, Dr. Wellford, to report plans of organization for State and county societies, and that the committee be requested to report, if possible, during the present meeting of the association.

Dr. N. S. Davis, of Illinois, reported at length, and lucidly, on the medical literature of 1853.

Report referred to committee on publication.

Dr. Yandell, of Kentucky, offered resolutions in relation to the death of Dr. Daniel Drake, which were adopted by a rising vote.

Dr. Condie, of Pennsylvania, offered similar resolutions in relation to the death of Dr. Isaac Parish, which were adopted.

Dr. Cox, of Maryland, offered similar resolutions in relation to Dr. William E. Horner, which were adopted.

Dr. Yandell, of Kentucky, presented a report received from Dr. D. Gross, of Kentucky, on the results of surgical operations for the relief of malignant diseases, which was referred to the committee on publication.

Dr. Gooch called up the subject of the graduating pledge, proposed by Dr. Peaslee, of New Hampshire, last evening, and proposed the following resolutions:

Resolved, That this association earnestly recommend to all the respectable medical colleges of the United States to administer to their graduates, previous to their receiving the diploma, some pledge that they will maintain, to the best of their abilities, the honor and dignity of their profession, and that they will forfeit their degrees whenever they desert the orthodox system of medicines.

Resolved, That the schools be urged not to graduate a man without requiring him to read the National Code of Ethics,

and publicly give his consent to abide by it, and that they will reserve to themselves the right to withdraw the diploma, publicly, whenever *the graduating* pledge has been violated.

Dr. John H. Phillips, of New Jersey, offered the following amendment.

Resolved, That it is the duty of all Boards of Examiners, to whom candidates may apply for examination or approval, to admit none but those who give satisfactory evidence of a good preliminary education, and that a regular Course of Medical Practice will afterwards be pursued, and who shall subscribe to the Code of Ethics adopted by this Association.

On motion the association took a recess for one hour, without disposing of the resolution.

Afternoon Session.

The Association was called to order at 1½ P. M.

The consideration of Dr. Gooch's resolution and the amendment thereto was resumed; when on motion of Dr. Gooch, the whole subject was referred to a special Committee of three, to report during the present session.

The President appointed Drs. Gooch, Phillips and Stille as the Committee.

Dr. Blatchford, of New York, moved to have a resolution offered yesterday, on the licensing power, with amendments by Dr. Garnett, taken up for consideration.

After discussion by Drs. W. Hooker, of Connecticut, Johnson, of Missouri, and Atlee, of Pennsylvania, on motion of Dr. Atlee, the whole subject was referred to a Committee, to report at the next meeting.

The subject was referred to the following Committee:

Drs. Wellford, of Virginia, Samuel Jackson, of Pennsylvania; T. W. Blatchford, of New York; Johnson, of Missouri; and Peaslee, of New Hampshire.

Dr. T. W. Blatchford, of New York, proposed the following resolution:

That a committee of five be appointed, of which Dr. I. O. Edwards, of Ohio, shall be chairman, whose duty it shall be to report on the best mode of preventing the domestic adulteration of drugs.

The chair appointed Dr. Edwards, Drs. Wood and Carson, of Philadelphia; Dr. C. T. Jackson, of Boston, and Dr. J. H. Griscom, of New York.

Dr. Joseph M. Smith, of New York, read the following

Report of Committee on Nominations.

1. Dr. D. F. Condie, of Philadelphia, Penna., "On the Causes of Tubercular Disease."
2. Dr. James Jones, of New Orleans. La., "On the Mutual Relations of Yellow and Bilious Remittent Fevers."
3. Dr. R. S. Holmes, of St. Louis, Mo., "On Epidemic Erysipelas."
4. Dr. George B. Wood, of Philadelphia, Penna., "On Diseases of Parasitic Origin."
5. Dr. R. D. Arnold, of Savannah, Ga., "On the Physiological Peculiarities and Diseases of Negroes."
6. Dr. James R. Wood, of New York, "On Statistics of the Operation for the removal of Stone in the Bladder."
7. Dr. F. Peyre Porcher, of Charleston, S. C., "On the Toxicological and Medicinal Properties of our Cryptogamic Plants."
8. Dr. Goodrich A. Wilson, of Virginia, "On Cholera, and its Relation to Congestive Fever—their Analogy or Identity."
9. Dr. Worthington Hooker, of Connecticut, "On Epidemics of New England and New York."
10. Dr. John L. Atlee, of Lancaster, Penna., "On Epidemics of New Jersey, Pennsylvania, Delaware and Maryland."
11. Dr. D. J. Cain of Charleston, S. C., "On Epidemics of South Carolina, Florida, Georgia and Alabama."
12. Dr. W. L. Sutton, of Georgetown, Ky., "On Epidemics of Tennessee and Kentucky."
13. Dr. Thomas Reyburn, of St. Louis, Mo., "On Epidemics of Missouri, Illinois, Iowa and Wisconsin."
14. Dr. George Mendenhall, of Cincinnati, Ohio, "On Epidemics of Ohio, Indiana and Michigan."
15. Dr. E. D. Fenner, of New Orleans, La., "On Epidemics of Mississippi, Louisiana, Texas and Arkansas."
16. Dr. Charles A. Lee, of New York, "On Domestic Hygiene."
17. Dr. Daniel Brainard, of Chicago, Ill., "On the Constitutional and Local Treatment of Carcinoma."
18. Dr. N. S. Davis, of Chicago, Ill., "On the Influence of local Circumstances on the Origin and Prevalence of Typhoid Fever."
19. Dr. George Engelman, of St. Louis, Mo., "On the Influence of Geological Formation on the Character of Disease."
20. Dr. Henry M. Bullitt, of Louisville, Ky., "On the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease."

21. Dr. Robert F. Campbell, of Augusta, Ga., "On the Pathogenic Influence of Feather Beds."

22. Dr. James Bolton, of Richmond, Va., "On the Administration of Anæsthetic Agents during Parturition."

23. Dr. Henry Taylor, of Mt. Clemens, Michigan, "On Dysentery."

24. Dr. F. Donaldson, of Baltimore, Md., "On the Present and Prospective Value of the Microscope in Disease."

25. Dr. R. L. Howard, of Columbus, Ohio, "On the Pathology and Treatment of Scrofula."

Committee on Plans of Organization for State and County Societies.—Isaac Hays, M. D., of Pennsylvania, Chairman; Worthington Hooker, M. D., of Connecticut; Josiah Andrews, M. D., of Michigan; B. R. Wellford, M. D., of Virginia; A. L. Peirson, M. D., of Massachusetts.

Committee on Medical Literature.—T. S. Bell, M. D., of Kentucky, Chairman; Samuel H. Pennington, M. D., of New Jersey; Ed. H. Parker, M. D., of New Hampshire; William K. Bowling, M. D., of Tennessee; Zina Pitcher, M. D., of Michigan.

Committee on Medical Education.—B. R. Wellford, M. D., of Virginia, Chairman; Resign Lowe, M. D., of Iowa; Lyndon A. Smith, M. D., of New Jersey; Jacob Bigelow, M. D., of Massachusetts; L. A. Dugas, M. D., of Georgia.

Committee on Volunteer Communications.—Drs. C. A. Pope, Thos. Reyburn, John S. Moore, J. B. Johnson and A. Litton, of St. Louis, Mo.

Committee of Arrangements.—Drs. J. R. Washington, J. S. Moore, S. Pollock, Thos. Reyburn, J. O'Farrar, W. M. McPheeters, C. W. Hempstead and E. S. Lemoine, of St. Louis, Mo.

Committee on Publications.—Dr. D. F. Condie, Pennsylvania, Chairman; Dr. E. L. Beadle, of New York; Dr. A. Stille, Pennsylvania; Dr. I. Hays, Pennsylvania; Dr. E. S. Lemoine, of Missouri; Dr. G. Emerson, Pennsylvania; Dr. G. W. Norris, Pennsylvania.

On motion of Dr. Atlee, the subject of proposed amendments to the Constitution was taken up, when Dr. Stevens, of New York moved an indefinite postponement of the whole subject.

Dr. Atkinson, of Virginia moved to have the amendment, proposing to admit delegates from the United States Army and Navy excepted from motion to postpone, which was after some discussion adopted.

On motion of Dr. Watson, of New York, the name of the

Committee on Volunteer Communications was changed to that of Committee on Prize Essays.

Dr. Wellford resigned his place as Chairman of Committee on Medical Education, and the President was authorized to fill the vacancy, which vacancy was subsequently filled by the appointment of Dr. J. L. Cabell, of the University of Virginia. Dr. Bolton, of Virginia, gave notice that at the next meeting of the Association, at St. Louis, he would propose the adoption of the amendments to the Constitution submitted to this Association by the meeting at Richmond last year, and which have been here indefinitely postponed.

Dr. Condie, proposed the following resolution, which was adopted: *Resolved*, That the second clause of article second, of the Constitution be so amended as to admit the American Medical Society in Paris to representation in this body upon the same terms as the medical bodies in this country.

Dr. Alfred Stille, Chairman of the Committee to whom was referred sundry memorials touching the course to be pursued by Medical Colleges and other Boards in the examination of candidates and the granting of Diplomas, reported, submitting the following resolution for adoption.

Resolved, That in order to preserve the purity and honor of the Medical Profession, and to place around young practitioners additional safeguards against temptation to do wrong, as well as to draw a more distinct line of separation between true and false physicians, it be and is hereby recommended, that every graduate of Medicine be required to subscribe a pledge to submit to the revocation of his Diploma upon conviction of having knowingly violated the Code of Ethics of this Association. It is also recommended to the several Medical Colleges and such other Boards as are by law authorized to examine candidates for admission into the Medical Profession, to require from every graduate or licentiate his signature to the Code of Ethics of this Association, and to furnish him with a copy of the same. It is further recommended that the formal administration of a pledge, faithfully to observe and keep the same Code, form part of the public exercises of Medical Commencements. The following form of promise was among the documents referred to Committee on Pledge.

I, A. B., of———, in the State of———, do hereby promise, on the honor of a gentleman, that I will conform strictly to the Code of Ethics of this my Alma Mater, in all things pertaining to the practice of my profession; and, when I shall fail to do so, I hereby grant to the Faculty of said School full power and authority to withdraw said Diploma,

and all the rights and privileges which it is intended to confer.

Dr. Palmer, of Chicago, and other delegates opposed that part of the report proposing to clothe Colleges with the power of revoking diplomas for a breach of the Code of Ethics.

Several motions and counter-motions were made. The Chairman decided on the right of the Committee to withdraw the objectionable resolution, when the second and third recommendations of the report were adopted.

Dr. Sayre, of New York, moved that the resolution withdrawn be taken up, and passed as the sense of the meeting. It was taken up, and referred to the Committee on the licensing power, of which Dr. Wellford is Chairman.

Dr. Parker, of Virginia, moved the following, which was adopted:

Resolved, That the Standing Committee, of which Dr. Bolton is Chairman, be instructed to inquire into all cases of death that may be reported as occurring from the use of anæsthetic agents during the present year in the United States, and report to the next meeting of the Association.

Dr. Campbell, of Georgia submitted a paper on a question of priority in reference to the discovery of the reflex relation subsisting between the cerebro-spinal and sympathetic system of nerves.

Referred to Committee of Publication.

The President congratulated the members on the close of their deliberations, and expressed his wish that they should have a safe return to their homes, and should all meet at St. Louis next year.

The Association then adjourned *sine die*.

Proceedings of the Medical Society of the State of Pennsylvania, at its Annual Session, May 1853.

Pursuant to the resolution passed at the last session, the State Medical Society assembled in Philadelphia, on Wednesday, 25th of May, 1853—at Sansom Street Hall—the place designated by the committee of arrangement of the Philadelphia county delegation

The President, Dr. Hiram Corson, of Montgomery, called the Society to order. Drs. Wilson Jewell, of Phila.; I. Barnard Luden, of Huntingdon, and Patrick Cassidy, of Lancaster, were appointed a Committee to examine and verify Credentials.

Eighteen counties were represented, and eighty-seven delegates were in attendance during the sessions of the society.

On motion of Dr. Condie the reading of the minutes of the last session was dispensed with. On motion of Dr. Lamb they were referred to a Committee, with a view to bring before the society any unfinished business from the last session. Drs. Mayberry, of Philadelphia; Worthington, of Chester, and Lamb were appointed the Committee.

The President read the Annual Address, prepared by him in pursuance of a resolution of the last session.

On motion of Dr. H. Carpenter, the thanks of the Society were tendered to Dr. Corson for his eloquent address, and that a copy be requested for publication.

The Treasurer, Dr. West of Philadelphia, submitted his annual report. It was referred for examination to Drs. Burrowes, of Lancaster; Wood, of Lycoming; and Bibighaus, of Philadelphia.

Dr. Condie presented the report of the Committee on Publication—750 copies of the transactions of last year had been printed, of which 636 had been distributed. The entire cost of publication was \$308 62. A balance of \$21 62½ remained due the Committee. The assessments from the counties of Lebanon, Lycoming, Mifflin and Perry, had not been received.

The Committee on Publication were authorized to draw on the treasurer for \$21 62½—the balance due them.

On motion of Dr. Condie, it was resolved that the daily meetings of the Society shall be from 10 A. M., to 1 P. M., and from 4 to 6 P. M.

On motion Drs. Burnett, of Massachusetts, and Spencer, of Syracuse, N. Y., were invited to seats on the floor.

The Delaware County Medical Society, desired the decision of the State Society, upon the following points:—1st, Can a County Society be represented by a delegate not residing within the County—2nd, When a member of the County Society removes from the County—is not his association with the County Society dissolved.

On motion of Dr. Condie, the subject was referred to a Committee to report at the afternoon session. Drs. Condie, Koehler and Mayburry were appointed this Committee. On motion adjourned.

Afternoon Session.

The President called the society to order at 4 P. M.

Dr. Warrington asked if the expenses of the State Medical Society, independently of the accommodations here, were not to be borne by the County Medical Societies *pro. rata.* to the number of delegates, and moved a resolution to that effect,

which elicited some discussion. Dr. Condie thought it better that the delegates should pay an assessment now, and collect it afterwards of the County Societies. He moved to amend by making the assessment \$2 00 each delegate. After considerable discussion Dr. Worthington, of Chester, moved "that the Treasurer make the proper assessment on County Societies *pro. rata* for representation," which was carried.

Dr. Condie, from the Committee to whom was referred the question, whether members of County Societies, moving out of the County forfeit their membership, reported: According to a strict construction of the constitution this would be the result; but it would defeat the object of bringing within the organization of the profession, every member in good standing. A physician may move to a place where there is no Society, or some time may elapse before he can connect himself with the Society where he has moved—or he may be nearer the place of meeting of an adjoining county than his own. The Committee recommend a certain latitude to County Societies as regards these cases. They recommend that physicians in good standing moving into another county, be received into the Society of the county to which they move, on certificate from the county left.

Dr. Atlee objected to the report and moved to recommit—not seconded.

Dr. Worthington moved that the report be laid upon the table, and that it be *Resolved*, That the society adheres to a strict construction of the Article of the Constitution which confines membership of County Societies to residents within the County—carried.

Dr. Condie moved that the State Society recommend to the County Societies to incorporate within their by-laws, an article admitting members from other counties on a certificate from the society of the county which they leave. This elicited considerable debate, and finally on motion of Dr. H. Carpenter, was laid upon the table by a vote of 24 to 20.

Dr. J. P. Hiester laid before the Society a report and resolutions on adulterated drugs, from the Berks County Medical Society, proposing the collection by County Societies of samples of drugs from dealers in their respective districts, and submit them to a central Committee of the State Society, who shall employ a competent assayer to examine the same and give an opinion on their purity and quality, which opinion shall be published with the Transactions of the Society, which after some debate were on motion referred to a committee consisting of Drs. Biddle, Parry and Carson to enquire into the ex-

pediency and practicability of carrying out the suggestions embodied in the resolutions, and to report to the next session of the society.

On motion a committee of one from each county was appointed to nominate officers for the ensuing year.

The reading of reports of County Societies was on motion made the order of the day to-morrow, immediately after reading the minutes.

The Auditing Committee reported that they have examined the Treasurer's account and find it correct—report accepted. Adjourned.

Thursday—Second-day, 26th of May.

The President called to order at 10 o'clock.

Reports of County Societies being in order, the reports of the counties of Berks, Chester, Schuylkill, Delaware, Lancaster, Blair, Mifflin and Huntingdon were read and referred to the Publication Committee.

Dr. J. L. Atlee, Chairman of Committee of National Medical Association, upon the Epidemics of Pennsylvania, New Jersey and Maryland, read a communication, calling the attention of the members to the subject, and urging them to make observations and communicate them to him.

Afternoon Session.

A communication read before Huntingdon County Society, on Small Pox, Vaccination and Varioloid, by Dr. Gemmill, was presented as an appendix to Huntingdon county report. It was read and referred to Publication Committee.

Dr. Condie stated that owing to the ill health of Dr. Patterson, Chairman of the Committee of the Philadelphia County Society, their report was not prepared. He moved that if ready before the publication of the Transactions, it be included in them.

The report of the Susquehanna County Medical Society, was read and referred to the Committee on Publication.

Dr. Jewell extended an invitation to the society from the Philadelphia delegation, to an entertainment to be given in the hall this evening. On motion adjourned to visit Girard College.

Third-day—Friday, May 27th.

The president called the society to order at 11 o'clock.

The reports of the Medical Societies of the counties of Cambria, Montgomery and Bucks, were read and referred.

On motion of Dr. Walker, of Chester, it was *Resolved*,

That it be the duty of the Recording Secretaries to transmit to the Chairman of the Committee of Arrangements of the "National Medical Association," a correct list of the delegates from this society, so that it may be received at least one week previous to the meeting of said Association. Also, that the secretaries shall supply each delegate with a certificate of his appointment.

Dr. West offered the following, which was adopted :

Resolved, That the Committee of Publication be instructed to prefix to the forthcoming volume of the Transactions of this society, a note, or statement, that the Medical Society of the State of Pennsylvania does not endorse or sanction the facts or opinions contained in any address or report which may be made to them or published by their authority.

Dr. R. K. Smith offered the following resolution :

Resolved, That each County Society be requested to furnish with their reports a synopsis of their contents, and that the reports be read by their titles, with the synopsis of their contents, and referred to the Committee on Publication.

Dr. Warrington was opposed to the indiscriminate publication of reports coming from various quarters, and proposed a resolution that the right of selection, condensation and curtailment, or rejection be vested in the committee of publication. These resolutions gave rise to a lengthy and animated discussion, and finally both were indefinitely postponed by a vote of 28 to 7.

Dr. Burrowes, of Lancaster, announced the death of Dr. Samuel Duffield, late a member of the society, and offered appropriate resolutions of respect and condolence which were passed unanimously.

Dr. West announced the death of Dr. Isaac Parish, late a member of the society, and offered resolutions of respect and condolence which he prefaced by a feeling and eloquent tribute to his memory. The resolutions were unanimously adopted.

Dr. Carpenter announced to the society the death of its late fellow member, and first president, Dr. Samuel Humes, of Lancaster city, and offered appropriate resolutions of respect and condolence which were unanimously adopted.

The nominating committee reported the following officers for the ensuing year, which were unanimously elected, vis:—

President—DR. JOHN P. HIESTER, of Berks.

Vice Presidents—Dr. Burrowes, of Lancaster; Dr. Gemmill, of Huntingdon; Dr. Smith of Delaware; D. Confer of Blair.

Recording Secretaries—Drs. Patterson, of Philadelphia, and Walker of Chester.

Corresponding Secretary—Dr. Isaac Hays, of Philadelphia.

Treasurer—Dr. Francis West, of Philadelphia.

Censors, 1st and 2nd Districts.—Drs. Wilson Jewell, of Philadelphia; Wm. Corson, of Montgomery; G. Halberstadt, of Schuylkill; S. A. Barton, of Delaware, and S. Thompson, of Bucks.

3rd and 4th Districts.—Drs. Thomas Wood, of Lycoming; M. Massey, of Huntingdon; A. Rothrock, of Mifflin; W. W. McIlvain, of York, and J. H. Case, of Perry.

5th and 6th Districts.—Drs. C. F. Perkins, of Erie; J. McK. Morgan, of Allegheny; J. P. Gazzam, do.; J. Dickson, do., and W. Anderson, do.

Delegates to the American Medical Association for 1854.—Drs. H. Corson, of Montgomery; Wm. Mayberry, of Philadelphia; J. L. Atlee, of Lancaster; Trail Green, of Northampton; J. S. Carpenter, of Schuylkill; Edward Wallace, of Berks; Isaac R. Walker, of Chester; John L. Ross, of Blair, and Irwin, of Allegheny.

Dr. Atlee was added to the committee to procure Legislative action in reference to vaccination.

On motion of Dr. Hiester, County Societies were requested to furnish topographical descriptions of their respective counties, accompanied by charts, and to describe epidemics of disease, with particular reference to the geological formations.

Afternoon Session.

The society met at 4 o'clock—President in the chair.

On motion of Dr. J. L. Atlee, it was *Resolved*, that the Committee on Publication be requested to furnish annually, to the Epidemiological Society of London, a copy of all published Transactions of this Society.

On motion of Dr. Smith, of Delaware, it was *Resolved*, that the thanks of this Society be tendered for the polite invitations received to visit the Academy of Natural Sciences, Academy of Fine Arts, U. S. Mint, Laurel Hill Cemetery, Statuary of St. Stephens church, and Girard College; and to Prest. Allen, of the last institution, for his attention and hospitality to the members of this society on the occasion of their visit.

Dr. Condie moved that the thanks of this Society be presented to Dr. Hiram Corson, its late president for the impartial and courteous manner in which he has presided over its deliberations, which was passed.

Dr. Turnbull offered the following, which was adopted.

Resolved, That the thanks of this Society be presented to the Secretaries for the faithful manner in which they have discharged their laborious duties.

Dr. Parry offered the following, which were adopted.

Resolved, That, for the purpose of acquiring further information in relation to the kine pock, and increasing facilities for procuring and preserving supplies of fresh and genuine vaccine virus, this Society recommend to each of the County Societies in the State to appoint a Committee to collect any new and useful facts in relation to vaccination, and to report the same to a central Committee of this Society, at least two weeks before the annual meeting.

Resolved, That said central Committee shall consist of three members, and it shall be its duty to draw up a synopsis of the reports received, and present the same to this society, at its annual meeting. Drs. E. Parry, H. Carpenter and P. Cassiday were appointed the central Committee.

Dr. S. Jackson, of Northumberland, offered the following which was adopted.

Resolved, That it is recommended to each county society to send by its delegates, to the State Society, one dollar for every five members of said County Society, to be paid to the Treasurer. Each County Society to pay the balance of its quota on the delivery of the transactions.

Dr. Hiester offered the following resolutions, which were adopted.

Resolved, That this society earnestly requests all County Societies that have not yet done so, to furnish, at an early period, topographical histories of their respective counties, accompanied by charts.

Resolved, That the annual reports of the different County Societies be recommended to have strict reference to the different geological formations, in order to ascertain, by a comparison of facts, how far the prevalence of epidemics and other diseases may be influenced by them.

The Resolutions offered by Dr. Emerson, at the meeting of the society a year ago, and laid over, were taken up and adopted.

The resolutions of the Montgomery County Medical Society laid upon the table at the same meeting were on motion indefinitely postponed.

On motion the President elect was requested to deliver an address at the opening of the next annual meeting.

The President elect was conducted to the chair by a com-

mittee, and introduced to the Society by Dr. Corson the late President, who upon retiring, tendered his thanks for the courtesy and kindness with which he had been honored by the society.

Dr. Hiester, of Berks county, the president elect, on taking the chair, made a short and appropriate address.

On motion of Dr. Atlee, the thanks of the Society were tendered to the Committee of arrangement for their liberal arrangements for its accommodation and gratification.

On motion of Dr. Geiger, of Schuylkill, it was agreed that the next meeting of the society be held in Pottsville on the last Wednesday in May, 1854, at 11 o'clock, A. M.

Dr. Corson moved that the thanks of the Society be tendered to Dr. Spencer, for the donation of a volume of the Transactions of the State Society of New York—adopted.

On motion of Dr. Atlee, the society adjourned, *sine die*.

REPORTS OF CASES.

A Fatal Case of Internal Hemorrhage—Reported by Dr. Isaac Thomas.

Aug. 11, 1850. I was requested to visit a colored woman, E. J., aged between thirty and forty years, in company with Dr. J. B. Brinton, who was waiting my attendance. It was about six o'clock, P. M., when I saw her. She was very much prostrated in strength, and nearly pulseless. The pulse, however, was to be perceived at times; very frequent and irregular. Her surface was cold, without perspiration. Her tongue was also cold. Breathing more frequent than in health, and slightly oppressed. Dr. Brinton had administered some brandy which was repeated occasionally during the night. I saw her again between two and three o'clock in the morning; there being no material change in her symptoms. The abdomen was very considerably enlarged, having the appearance of a woman at five or six months of utero-gestation. She complained in the morning, before we saw her, of a slight headache, for which she took two aloetic pills, which produced no action upon her bowels. At noon she ate a hearty dinner, after which she was seized with pain in the abdomen, and threw off the contents of her stomach. She had been considerably excited in the early part of the day, and had walked some distance in pursuit of one of her children, who had displeased her. She was of a very full habit. When she

complained of pain a neighbor administered fifteen drops of laudanum which she threw off with her food.

Upon examining into her symptoms we came to the conclusion that there was internal hemorrhage. She died on the morning following the attack, about 7 o'clock. On the afternoon of that day we made a post-mortem examination, which was very partial, as it was inconvenient to make a thorough one, under all the circumstances. Upon opening the abdomen, we found the *Peritoneal* cavity completely filled with blood, producing the increased distention, but we did not extend the examination so far as to ascertain what vessel had been ruptured.

Case of Congenital Tumour of the Scalp.—Read before the Chester County Medical Society,—by W. D. Hartman, M. D.

January 11th, 1852, I was summoned to attend M. M., in labor with her seventh child. Delivery had occurred a few minutes before I arrived, after a quick and easy labor. The child was a female, large, vigorous, and well formed, except an enormous tumour of the scalp, attached to the back part of the head, and equalling it in size. The tumour was formed by an extension of the scalp, and was attached by a pedicel to the head, around the posterior fontanel; it measured five inches in length, by four inches in breadth. The pedicel of the tumour measured one and three-fourth inches in transverse, by one inch in perpendicular diameter. About one inch from the head the pedicel had a strictured appearance.

The pedicel and one-third of the base of the tumor was covered with hair. The skin on the remainder presented the usual appearance of integument and was highly vascular, except a circular portion on the posterior part, of about three inches in diameter, which was very much attenuated, and presented a smooth surface, of a blueish color, not unlike the amnion at full term; running obliquely across this attenuated portion was a seam not unlike in size, color, and consistence, a convolution of the brain. Near this was a recent laceration of one and half inch in extent, through which a large quantity of bloody serum was discharged, when the tumor was subjected to compression. The forehead receded very much, and there was a decided idiotic expression of countenance. The child during the first twenty-four hours manifested but little uneasiness. It exhibited signs of pain, however, when the tumor was handled. The third day after birth,

the tumor was much swollen and the surface was red and inflamed to within an inch of the stricture of the pedicel. The child manifested suffering by occasional screams. No treatment was applied, except cold water occasionally to the head and tumour. The fourth day the posterior part of the tumour was sphacelated, and a large quantity of dark grumous blood was discharged from the rent. The child is very weak, and refused the breast. The fifth and sixth days the child continued in the same condition, with the addition of incessant screaming and rolling up its eyes; the tumour presents a dark purple color; the posterior part is sphacelated and very offensive. On the morning of the 18th, one week after birth, it died. Autopsy 19th, twenty-four hours after death, present Drs. Wilmer and Wm. H. Worthington. The tumour is reduced to less than half its original size. The posterior half is sphacelated, the remainder presents a dark purple color to within one inch of the stricture of the pedicel. An incision was commenced at the situation of the anterior fontanel and extended to the base of the tumour. The usual opening at the anterior fontanel was absent, ossification of the angles of the frontal and parietal bones being complete, and the sutures crossing at right angles.

The posterior fontanel was almost a perfect circle of one inch and a half in diameter. Through the lower part of this opening, a portion of the longitudinal lines and other large blood-vessels of the brain passed out, and were lost on the parieties of the tumour.

The cavity of the tumor contained some coagulated blood and numerous bands of plastic lymph on its parieties. The blood-vessels where they entered the brain were dark and gangrenous, while the appearance of the scalp around the fontanel was healthy. There was no effusion, but the brain exhibited considerable venous engorgement. The bones of the skull were minutely injected. The strictured appearance of the pedicel was caused by a firm ligamentous band, extending throughout its circumference.

Biographical Notices of Deceased Physicians of Chester County.

JACOB EHRENZELLER, was the son of Jacob Ehrenzeller, a native of Switzerland, where he was married the third time. He emigrated to this country and engaged in the business of tavern-keeping in Fourth street, Philadelphia, where the subject of this notice was born, about the first of September, 1757.

He studied medicine in Philadelphia, but under whose care we are unable to learn. From 1773 to 1778, he was a medical apprentice in the Pennsylvania Hospital, where he obtained a considerable amount of practical knowledge. He never obtained a degree either of *Bachelor*, or *Doctor of Medicine*; but received a certificate of qualification to practice medicine from Doctors Kuhn and Shippen, by which he was enabled to attain the commission of an assistant surgeon, and entered the army during the revolutionary war. He was present upon duty at the battle of Mommouth, and we think, one or two other engagements, and always conducted himself with great propriety.

Before the close of the war he left the army, and settled in Goshen township, Chester county, where for several years he practiced the duties of his profession. Subsequently he removed to West Chester, and continued his professional labors until within a few years of his death. He died of Apoplexy, July 18, 1838, in the 81st year of his age.

He married his cousin, Elizabeth Hankee, daughter of Jacob Hankee. He had two daughters, both of whom died in early life.

For many years he enjoyed a lucrative practice, and commanded in a great degree, the confidence of the community.

As a physician, he was entirely practical, and gave general satisfaction by the fidelity with which he devoted himself to his duties. In manners he was rather austere and sometimes abrupt, but he possessed a kind heart, and at all times was ready to employ his best skill to relieve the sufferings of those entrusted to his care.

Few men possessed a more ardent patriotism than Dr. Ehrenzeller; and during the latter part of his life, he delighted to talk of the Revolution, and the men who conducted that struggle to its glorious termination; and the writer of this notice will never forget the strong feelings of condemnation he occasionally expressed towards those of our countrymen, who had opposed our fathers in their noble efforts for independence.

[W. W.]

DR. MOSES MARSHALL, son of James Marshall, (the younger brother of HUMPHRY MARSHALL, the distinguished botanist) was born in West Bradford township, Chester county, on the 20th of November, 1758.

He received a tolerable education, both English and Classical, and studied medicine with Doctor NICHOLAS WAY, in Wilmington, Delaware, from 1776 to 1779. He had an extraor-

dinary opportunity of being initiated into surgery, in attending the soldiers who were wounded in the battle of Brandywine, September 11th, 1777.

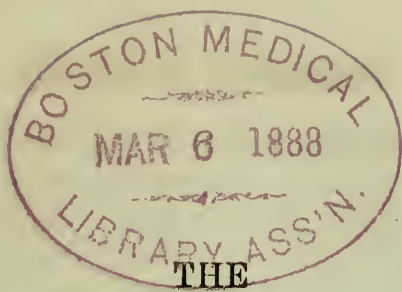
After practising medicine a short time, he seems to have become an inmate in the family of his uncle HUMPHRY—devoting his time and services, exclusively as an aid to his uncle, in the business of collecting and shipping plants and seeds to Europe. He made several long, exploring journeys, in that pursuit, through the wilds of the west and southwest. He was a good practical botanist, well acquainted with most of our indigenous plants, and rendered valuable assistance to his uncle, in preparing the *Arbustum Americanum*. On the 6th of April, 1796, Governor Mifflin appointed him a Justice of the Peace, in which office he did excellent service as a peace-maker in the community around him. In all his acts, Dr. Marshall was a remarkably cautious, upright, conscientious man. The writer of this notice had the happiness to know him well, and passed many pleasant, instructive hours with him, investigating the plants in the Marshallton Botanic Garden. Dr. Marshall discontinued the business of sending plants and seeds to Europe, soon after his uncle's death; and the garden, in consequence, has ever since been almost wholly neglected. Dr. M. died on the 1st of October, 1813, in the 55th year of his age. [W. D.]

The following is a list of the Physicians killed by the recent catastrophe at Norwalk, Connecticut, on their return from the late meeting of the American Medical Association.

Abel L. Peirson, M. D., of Salem, Massachusetts; Archibald Welch, M. D., of Hartford, Connecticut; Josiah Bartlett, M. D., of Stratham, New Hampshire; Samuel Beach, M. D., of Bridgeport, Connecticut; James M. Smith, M. D., and James H. Gray, M. D., of Springfield, Massachusetts; and Wm. C. Dwight, M. D., of Moscow, Livingston county, New York.

ERATTA

On page 10 an error occurred in the omission of two lines. The sentence should read as follows:—In the ileum a large quantity of lumbricoides were found collected in two bunches, at the largest there was intus-susception of the bowel, which was inflamed, as was the mesentery attached to it. There was also intus-susception in another place, free from worms, and without any marks of inflammatory action.



MEDICAL REPORTER.

VOL. I. NO. 2. OCTOBER, 1853.

PROCEEDINGS OF SOCIETIES.

Report of the Committee of the Chester county Medical Society upon Epidemics of 1852.

The report of the "Committee on Epidemics" for the year 1852, must unavoidably be very brief and perhaps unsatisfactory.

Only five communications have been received by the committee, and in neither of these is there any thing to be found which would indicate that the respective neighborhoods of the writers had been the theatre of any very severe or wide-spreading epidemic, and whether the fact that this was the case generally in Chester county, may be inferred from the absence of statements from other physicians, the committee cannot determine.

The reports received are from Drs. Worthington, Hartman and Price, of West Chester; Dr. Edge, of Downingtown; and Dr. Jacob Pennypacker, residing near Phoenixville.

These reports show that carbuncle, paronychia, abscess and furunculus, appear still so frequently as to warrant the ascription of this frequency to atmospheric or some other common cause. This is stated not only on the authority of the gentlemen whose reports have been received, but on that of many private communications made to the writer of this report, and his own observation.

The diseases which prevailed in Chester county in 1852, so

far as ascertained, were such as are usually met with, and were not characterized by any peculiarity worthy of notice.

Dr. Hartman says—"During January and February *Pneumonia* was the most prevalent of severe diseases, and assumed the bilious or typhoid type." Dr. H. also reports three cases of Small Pox in these months—one was of confluent variety, complicated with *Pneumonia*.

Drs. Worthington, Hartman and Price mention several cases of *Remittent Fever*, as occurring in and around the borough of West Chester. Dr. Worthington remarks—"I think I can say with perfect accuracy, that I saw more of this form of disease during the past autumn, than for several years previously." Both Dr. Price and Dr. Hartman speak of those cases occurring in August, as being marked by Enteric symptoms, and as being protracted. "Convalescence (says Dr. Price) not being fairly established until after the twentieth day." Dr. Jacob Pennypacker, in referring to the diseases of July, says—"I saw but one case of *Remittent Fever* this month;" and Dr. Worthington further says—"A few cases of *Typhoid Fever* were noticed. But neither of these diseases prevailed to any great extent, and both yielded readily to judicious treatment." Dr. Price attests the same, in reporting five cases of the disease, by affirming that all recovered except an habitual drunkard, aged 60.

"A clear and undoubted case of Typhus or Atonic fever," occurring in a female in the puerperal state, after her third accouchement, is narrated by Dr. Pennypacker. The Dr. remarks—"It has been a rare disease in our neighborhood, and with the exception of some cases occurring in 1846, I do not recollect ever to have met with it."

Of Intermittent Fever, Dr. Pennypacker says—"In July the number of cases increased, and some of them were aggravated, and very frequently deviated from the regular course of the disease, such as the absence of chill or sweat, or both." Dr. Price also mentions three cases of Intermittent occurring in his practice during the month of August—all yielded promptly to the use of Quinine.

Dr. Pennypacker refers to several cases of *Continued Fever*, as coming under his notice. The particulars of one of which he narrates—"It occurred in an infant under two years old, and commenced with a bowel complaint, which ceased in about two weeks, but the fever went on for about five weeks, as the complaint usually does in our neighborhood."

"Of Typhoid Fever," says Dr. Elge, (whose residence is

in the great limestone valley)—“I treated during the last spring, summer and autumn, not a few cases. Early in the season the cases of the disease did not show any disposition to extend to others. They were perfectly marked by all the most prominent symptoms of the disease, including the successive eruptions. The low state, with dry, brown tongue, &c., set in early—the mental and bodily powers being prostrated within the first week. All recovered. In June I saw a few cases of the disease, in the middle and southern portions of Uwchlan township, where it had a wide prevalence, affecting whole families. Its introduction was traced from the disease which scattered the pupils from Gause’s Boarding School, who brought the seeds of it with them. That the disease was communicable, I had not the least doubt. A sketch of the disease, as it prevailed in one family, will illustrate this. A man aged 25 years was attacked, and after a protracted illness recovered. About the time of his convalescence, the wife drooped, worn down to a shadow almost, by long watching and nursing, added to the maternal support of an infant six months old. And although the disease with her assumed its most fearful aspect, there were about the ninth and fourteenth days decidedly marked efforts at convalescence. She died on the 23d day. The infant, after the mother drooped, was taken away two miles. In a few days it sickened, and after passing through all the most marked symptoms of the disease, died on the 28th day. Now mark the next case. A neighbor having a child about the age of this one, kindly permitted it to feed at her breast. Her own child, without any other known connexion with the disease, sickened in some eight or ten days, and died under the care of another physician. Another child, aged three years, in the first family, also fell a victim to the disease. These three were the only fatal cases I saw. Four persons who nursed in the family, passed through severe attacks of the disease, and two members of the family of one of these took it after nursing her. I, myself, felt the effects of the disease for nearly two weeks, in general languor and depression, confused headache and perspiration, to which latter I attributed my escape, as it had the peculiar odour given off by those who passed through the disease, and which was perceptible to myself and others.”

“DYSENTERY,” says Dr. Edge, “I did not meet with in an epidemic form, though a considerable number of cases were seen. In a family consisting of eight persons, all were successively attacked, with a single exception—a boy who was much in the open air, and partook without restraint of indiff-

erent and unripe apples, while all the rest practised strict self-denial."

Dr. Hartman says—"Several cases of Dysentery occurred on the mica slate ridge, and in the same localities as in 1851. These cases (thirty of which occurred from the middle of August to the 1st of October) were less violent, and yielded more readily to treatment than those of 1851. My trials with the *argent. nitras.* do not enable me to speak favorably of the remedy. In some instances it caused irritation of the small intestines."

Dr. Price reports eight cases of Dysentery as having come under his notice—all recovered.

Dr. Jacob Pennypacker saw a few cases of Dysentery in September, and reports that two of them ended in Continued Fever. "One of them, a boy aged four years, was attacked with Intermittent fever simultaneously with Dysentery, and in the first paroxysm was seized with strong convulsions. I bled him freely, purged him actively, and after the second paroxysm gave him Quinine, which promptly arrested the Intermittent fever without aggravating, so far as I could perceive, his dysentery symptoms."

Drs. Worthington, Hartman, Price and Pennypacker, all refer to a disease as prevailing from the 1st of January to the last of Spring, which, says Dr. Worthington, "might properly be designated *Influenza*."

Dr. Pennypacker speaking, it is presumed, of the same disease, says—"from the occurrence of the same disease in a mild form throughout the whole, or nearly so, of each family, I have no doubt of its epidemic character. Had cough formed a prominent symptom, I should have had no hesitation in calling it *Influenza*, and possibly it is a form of that disease. This disease was in several instances associated with Intermittent fever, and the sulphate of Quinine exerted its usual curative effect in every case. Dr. Price says that the disease prevailed at various times during the year, under circumstances that plainly indicated its dependence upon atmospheric causes. Dr. Worthington says—"some of the cases were accompanied by very severe pain, frequently excruciating, over one eye, side of the face or head, back or side of the neck—general bleeding, purgatives, diaphoretics, and occasionally blisters were required."

RUBEOLA is reported by Drs. Worthington, Pennypacker and Price, as having occurred in their respective neighborhoods during 1852, but no particular details are given, and it

appears to have been of mild character. Dr. Price saw thirteen cases.

Drs. Pennypacker, Worthington and Price, speak of having seen a few cases of ERYSIPELAS of the head and face at the commencement of the year. Dr. Pennypacker himself having just then recovered from an attack of it.

During the summer months, as mentioned by Drs. Worthington and Price, a few cases—apparently fewer than usual—of Cholera Morbus and Cholera Infantum occurred.

Of PERTUSSIS, “during the fall and early winter months”—says Dr. Edge,—“I saw many cases, confined very much to the country bordering the valley on the north—they were invariably mild; and what perhaps is unusual, complete convalescence took place in mid winter. The only prescription used was Bi Carb. Soda, Ipecac. and Tinc. Opii, with Emplast. Calfaciens to the Spine.” Dr. Price reports three cases “presenting no unusual symptoms,” and Dr. Hartman “a few cases.”

Two cases of SCARLATINA came under the care of Dr. Pennypacker in December, and were under treatment at the end of the year.

Dr. Pennypacker appears to have met with an unusual number of cases of “Inflammatory Rheumatism,” some of them characterized by symptoms of great violence.

There is nothing mentioned by any of the gentlemen from whose statements the foregoing report is made up, of anything peculiar or new in the treatment pursued.

Whether more than a report upon *Epidemics* was expected from the Committee or not, it was thought best to notice all the forms of disease which were mentioned in the very few communications received.

The last mail was waited for—the last hour arrived—and the foregoing short, but it is hoped, correct synopsis of disease so far as reported to the committee, is submitted with the hope that the very few hours allowed for its preparation may be a sufficient excuse for any apparent imperfections.

Signed by Drs.

C. W. PARISH,	}	Committee.
I. A. PENNYPACKER,		
S. H. HARRY,		
WM. D. HARTMAN,		
W. W. TOWNSEND,		
JOHN BOYD,		
S. STEBBINS.		

Births in Chester county, as returned to the Register, from July 1st, 1852, to July 1st, 1853.

TOWNSHIPS.	M. W.	F. W.	M. C.	F. C.	TOTAL.
West Chester,	59	46	11	13	129
Thornbury,	3	1			4
Birmingham,	7	3			10
Pocopson,		4	1	1	6
Tredyffrin,	5	2			7
Londongrove,	7	5	1		13
West Marlborough,	2	4			6
Westtown,	7	6	1		14
West Goshen,	6	11	3		20
East Bradford,	15	13			28
Sadsbury,	3	1			4
New London,	5	7			12
Penn,	1	2			3
Wallace,	4	3			7
East Brandywine,	4	1			5
New Garden,	6	4			10
Kennett,	3	6	1		10
Londonderry,	7	3			10
West Fallowfield,	15	14	1		30
East Caln,	1			1	2
Phoenixville,	14	19			33
East Nottingham,	2	2			4
London Britain,	5	6			11
West Whiteland,	11	9	1		21
Easttown,		1			1
East Fallowfield,	6	1			7
Upper Oxford,	3	3			6
Schuylkill,	5	8			13
East Whiteland,		1		1	2
East Goshen,	4	4			8
East Pikeland,	1				1
Willistown,	2	4			6
East Caln,	8	4			12
West Bradford,	4	2			6
Uwchlan,	1	1			2
West Nantmeal,	1				1
West Brandywine,		1			1
Pennsbury,	1				1
Warwick,	1	4			5
East Marlborough.	2	1			3
	231	207	20	16	474

*Deaths in Chester county, as returned to the Register, from
July 1st, 1852 to July 1st, 1853.*

NAMES OF DISEASES.	White Males.	White Females.	Colored Males.	Colored Females.	Adults	Children.	Age unknown.	Total	Quincy and Mica State.	Talc. State.	Red Shale.	Serpentine.	Limestone.
Apoplexy,	5	1			6			6	4	1		1	
Asthma,	1	1			1			1	1				
Ascites,	2	3			6			6	5		1		
Accidental,	1				1			1	1				
Bronchitis,	1				1			1	1				
Bilious Fever,	2				2			2	2				
Bilious Diarrhœa,	1				1			1	1				
Cynanche Trachealis,	5	2			7			7	7				
Cholera Infantum,	3				3			3	5				1
Colitis,	10	11	1		4	16	1	21	18		2		
Congestion of Brain,	2	2	1		2	3		5	5				
Congestion of Lungs,	2	1			1	1	1	3	3				
Carcinoma Uteri,		2		1	3			3	2		1		
Cancer of Jaw,	1				1			1	1				
Cancer of Stomach,	2				2			2	2				
Cancer of Mammaræ,		1			1			1	1				
Cancer,	1				1			1	1				
Chronic Disease,	1				1			1	1				
Convulsions,		2		1	1	2		3	2		1		
Cystitis,	1				1			1	1				1
Cyanosis Neonatorum,	2	1			1	3		3	2				
Compression of Brain,	1				1	1		1	1				1
Congestive Fever,	2				2			2	1				1
Diarrhœa,	5	4		1	4	6		10	6	2	1		
Debility,	2	4			7			7	7				
Diabetes,	1				1			1	1	1			
Disease of Prostate,	1				1			1	1				1
Disease of Heart,	2	2			4		1	5	3		1		
Disease of Brain,	1				1			1	1				
Disease of stomach & Alimentary canal	1				1			1	1				
Erysipelas,	3		1		4			4	3				2
Enteritis	7	2		1	6	4		10	6	1			
Enteric Fever,	4	3			6	1		7	6		1		
Epilepsy,	1				1			1	1				
Fever,	1				1			1	1				
Gastritis,	7	3			9	1		10	8		2		
Gastro-Enteritis,	1				1			1	1				
Hydrothorax,	1	2		1	4			4	4				
Hydropericardium,	1				1			1	1				
Hemiplegia,	1			1	2			2	2				
Hydrocephalus,	1		1	1	3			3	3				
Hepatitis,	1	1			1		1	2	2				
Haematemesis,	1				1			1	1				
Hemorrhage,	1	1			2			2	1		1		
Intemperance,	1				1			1	1		1		
Indigestion,	1				1			1	1				1
Injury of Brain,	1				1			1	1				
Laryngitis,	3				1	1	1	3	3				
Marasmus,	2				1	2		3	3				
Malformation of Heart,	1				1	1		1	1				
Nephritis,	1				1			1	1				
Old Age,	10	2		1	12			12	11		1		
Ovarian Tumor,				3	1			1	1				1
Phthisis Pulmonalis,	12	12			22	4	4	30	27		2		
Puerperal Fever,	1				1			1	1				1
Paralysis,	8	5			13			13	11				2
Peritonitis,	2	1	1		4			4	4				
Phrenitis,	2	2			2	2		4	3				
Pleurisy,	1				1			1	1				
Pleuro-Pneumonia,	1				1			1	1				1
Premature Birth,	2					2		2	1				
Pneumonia,	3	3			5	1		6	4		1		1
Starvation,	1						1	1	1				
Spinal Disease,		1	1		1			1	1				
Scarlatina Maligna,		2	1			2		2	2				
Scrofula,	3		1		3	1		4	4				
Still Born,		2				3		3	3				
Suicide,					1					1			
Typhus Fever,	1	1			2			1	1		1		
Tetanus,	1				1						1		
Uterine Hemorrhage,		1					1	1	1				
Unknown,	1	2			2	1		2	2				
Variola,		1			1						1		
	151	87	11	11	174	74	12	263	209	6	30	1	14

Table showing the ages of the deaths in the preceding list.

AGES.		White Males.	White Fem's.	Colored Males.	Colored Fem's.	TOTAL
Under.....	5 years,	26	17	6	3	52
Between.....	5 & 10 "	6	11		1	18
".....	10 & 20 "	5	4	1	1	11
".....	20 & 30 "	9	3		2	14
".....	30 & 40 "	9	7		1	17
".....	40 & 50 "	16	7	1		24
".....	50 & 60 "	18	5	1		24
".....	60 & 70 "	18	2		2	22
".....	70 & 80 "	18	15	1	1	35
".....	80 & 90 "	18	8			26
".....	90 & 100 "	2				2
Age unknown.....		6	6			12
Still born.....			2	1		3
		151	87	11	11	260

Population of Chester County in 1850, and the Deaths during the Year, ending June 1st, 1850.

TOWNSHIPS.	NO. OF INHABITANTS	DEATHS	TOWNSHIPS.	NO. OF INHABITANTS,	DEATHS
West Vincent,	1350	24	Phoenixville,	2668	34
South Coventry,	712	14	L. Britain,	657	8
East Coventry,	1289	15	L. Grove,	1425	8
West Fallowfield,	2290	19	N. London,	2043	13
Sadsbury,	2767	44	E. Vincent,	1505	17
East Fallowfield,	1288	22	Tredyffrin,	1727	26
North Coventry,	985	13	West Caln,	1508	11
West Whiteland,	1141	9	East Caln,	2296	19
Willistown,	1463	19	O. Borough,	186	
East Goshen,	768	9	E. Nottingham,	2412	21
Thornbury,	233	4	E. Pikeland,	722	8
Birmingham,	328	3	Charlestown,	979	16
Westtown,	790	11	Newlin,	739	8
Honeybrook,	1937	29	Londonderry,	643	16
West Goshen,	943	17	W. Nantmeal,	1802	33
West Bradford,	1585	60	E. Nantmeal,	920	9
East Bradford,	1330	21	Warwick,	1391	23
Upper Oxford,	1024	11	W. Marlborough,	1139	8
Lower Oxford,	1340	22	Easttown,	714	7
Penn,	742	5	W. Nottingham,	721	10
West Chester,	3173	45	W. Pikeland,	881	26
Pennsbury,	761	5	Uwchlan,	1528	23
Pocopson,	592	1	E. Marlborough,	1425	13
East Brandywine,	1138	11	New Garden,	1390	8
West Brandywine,	771	10	Kennett,	1706	35
Schuylkill,	1406	16	E. Whiteland.	1194	12
	32146	459		34321	412
Total population, 66,467			Total deaths, 871		

Proceedings of the Delaware County Medical Society.

Stated meeting, Media, August 23d, 1853.

In the absence of the proper officers, Dr. R. K. Smith was appointed President, pro tem.

Present, ten members.

A copy of the proceedings of the Medical Society of the State of New York was received, and Dr. R. K. Smith was appointed to review it and report to a subsequent meeting such portions as he deemed of sufficient interest.

The Secretary was directed to strike out the names of all the members who had removed from the county, in accordance with a resolution of the State Society, passed at its last meeting.

Drs. Owen, Barton, Ash, Huddleson, Morton and R. K. Smith were appointed a committee to prepare Biographical Sketches of the deceased physicians of the county.

Dr. R. K. Smith reported an instance of a remarkably perfect recovery from an injury received on the finger.

Births in Delaware county, as returned to the Register, from July 1st, 1852, to July 1st, 1853.

TOWNSHIPS.	M. W.	F. W.	M. C.	F. C.	Total.
Aston,		1			1
Birmingham,	2	1			3
Concord,	9	7	5		21
Chester,	1	1			2
Darby,	1	2			3
Edgmont,	5	3			8
Lower Chichester,	1				1
Marple,		1			1
Middletown,	3	3			6
Newtown,	2	2			4
Ridley,	6	8	1		16
Springfield,	1			1	1
Thornbury,	5	5		1	11
Tinicum,	1		1		2
Upper Chichester,	1	1			2
Upper Providence,		1			1
Townships not given.	1				1
Total,	39	36	7	2	84

Deaths in Delaware county, as returned to the Register, from July 1st, 1852, to July 1st, 1853.

NAMES OF DISEASES.	STRUCTURE	PRIMITIVE.				DRIFT.				ALLUVIUM.				No. under 12 years.	TOTAL.
	COLOR.	White.		Color'd		White.		Color'd		White.		Color'd			
	SEX.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Apoplexy,		1													1
Bronchitis,															1
Chronic disease of the nervous system,		1													1
" Diarrhoea,			1	1											2
" Laryngitis,			1												1
Cholera.			1												1
Cancer,							1								1
Cholera Infantum,				1											1
Congestion of the Brain,											1				1
Convulsions,		1													1
Dropsy.					1										1
Dysentery,		5	2	1	1	1					2				8
Debility.		2	1		2	1									13
Erysipelas,						1									4
Hydrothorax,		1	1								1				1
Inflammation of the stomach,								1							3
Inflammatory Ulcer,						1									1
Intemperance,		1													1
Laryngitis.				1											1
Mania a Potu,		1													1
Old Age.		1		1											2
Peritonitis.				2											2
Phthisis Pulmonalis;		2		1			1					1			6
Paralysis,		1		1				1							2
Pneumonia.				2		1									3
Pleuro-Pneumonia,		1		1											2
Poison.		1													1
Pleurisy.		1													1
Rheumatic Carditis,		1													1
Disease unknown,		2													2
Tetanus.		1													1
Tubercular Meningitis,		1													1
Typhus Fever,					1										1
Typhoid Fever,		2													3
Typhoid Pneumonia,			1				1								1
															17
															68

Case of Injury of the finger reported to the Delaware County Medical Society by ROBERT K. SMITH, M. D., of Darby, Pa.

Lizzie W., æt 7, had the third Phalange of the middle finger badly lacerated by having it caught between the crank and post of a grindstone, whilst in motion, and nearly torn off below the root of the nail. The parts were adjusted and dressed, and appeared to be doing well, and healing rapidly, when, about a week after the first injury, the finger, still swollen and inflamed, was accidentally caught between the edge of a heavy door and its casing which was violently closed upon it, completely severing the wounded extremity between the articulation and the root of the nail, about 2 lines nearer the articulation than the original injury.

The great desideratum with the parents, as well as myself, in the treatment of the case, was to re-establish the natural appearance of the finger, and prevent if possible an unsightly

and mutilated stump. This I thought could be successfully done by a constant application of emollient poultices and nitrate of silver to the stump whenever I discovered in it a disposition to heal. Under this plan of treatment, by encouraging the formation of layer upon layer of new granulations I had the gratification to see a new nail start out, the end of the finger entirely replaced, and by continuing the treatment the finger was actually elongated at least a line beyond its original length.

ORIGINAL COMMUNICATIONS.

On the Treatment of Rheumatism with Citric acid, by S. A. OGIER, M. D., of Chester county.

From the recommendation of some of the European journals, of lemon juice in the treatment of Rheumatism, I was induced to commence a trial of it about two years since, and on the whole the results have been satisfactory.

I have selected the two following cases as striking illustrations of the beneficial influence of the citric acid treatment, at the same time I must say, that in many cases the results, though favorable, were not marked with such prompt relief.

Case 1st. T. N., aged 50, of robust constitution was attacked with Rheumatism on 20th of June, '52. On the 22d I was called to see him, and found him with a hot skin, pulse frequent—120 beats to the minute—he was unable to move in bed, all the joints affected, the tongue presented a thick brown coat, though moist. I prescribed a brisk cathartic to be followed by a full dose of Pulv. Doveri at night; the joints to be rubbed and swathed with turpentine liniment. 23d. I found him about the same; the cathartic had moved the bowels freely, the tongue less coated. I now put him on the use of the wine of Colchicum, with cups to the back, cathartics and full doses of opii., counter-irritating and narcotic liniments and v. s. This plan of treatment was continued for a week without any decided relief. On the 30th my patient having become much reduced, and the opium &c. failing to afford him relief, I put him on the liberal use of Cit. Acid. I used the crystalized acid in place of lemon juice which I could not procure, making a solution of the former of the officinal strength of the lemon juice; of this half an ounce was directed to be taken in a little sugar and water every 4 hours. Under this treatment, my patient rapidly recovered, the secretion of urine was greatly

increased, the fever abated, and at the end of the 4th day from the commencement of the use of the acid, he was able to walk about with the aid of a cane. The effect of the acid upon the pulse was remarkable; from 120 it was reduced to 74 in the minute. This effect upon the action of the heart has been noticed by Dr. G. O. Rees in the 12th No. of Ranking's Abstract for 1850. In numerous other cases I have myself witnessed it.

Case No. 2. Wm. S., aged 22. I was requested to see this young man on the night of the 1st of December. I found him in great pain from an attack of Rheumatism which had come on two days previous to my visit. He had but a few months recovered from an attack that had confined him to the house for several weeks. He now had a hot skin, with some fever, the joints a little swollen and acutely painful, tongue much coated, urine scanty and high colored. Not having the acid with me, I temporised until morning. On the 2nd. I found him about the same as the previous night, the bowels had been freely moved by a cathartic prescribed at that time. He had not been able to sleep.

I ordered the Cit. Acid solution as in the former case with Pulv. Doveri, grs. viii. to be taken at night. Dec. 3d, he had less fever, got a little sleep, joints still very painful, urine about as yesterday, no appetite. Continued treatment.

4th. Passed a better night, pulse much less frequent, skin cooler, urine abundant and lighter colored, joints still painful.

5th. Found my patient sitting up in his chamber eating breakfast, the pulse natural, tongue clean, urine abundant, joints much less painful.

6th. To-day I found my patient in the parlor, protesting against any more medicine, though delighted with the prompt relief it had afforded him. The day following he left the neighborhood free from disease. I have never seen any man suffer more from Rheumatism than did this man on my first visit, and am sure I never have seen one as quickly relieved. In regard to the *modus operandi* of the Cit. Acid, it has been supposed to act by converting uric acid into urea and carbonic acid; the retained uric acid being looked upon as the cause of disease. How this may be I will not say, but that under the use of the acid the pulse is reduced and the flow of urine increased, is evident; and above all, whereas my patients suffered great pain previous to the use of the acid, after its use, they were speedily relieved.

A Brief Outline of the Origin and Proceedings of the Chester county Medical Society.

A number of the citizens of Chester county, "convinced of the importance of associated efforts in promoting every species of improvement, and being desirous to advance the best interests of the sciences to which they are devoted," convened at the house of Mrs. Ann Mason, in the Borough of West Chester, on the 5th of February, 1828.

Dr. Isaac Thomas was called to the chair, and Dr. Wilmer Worthington appointed secretary. Drs. Samuel McCleane, Jacob Sharpless, Isaac Z. Coffman, Bartholomew Fussel and Isaac Pennington were appointed to draft a Preamble and resolutions expressive of the sense of the meeting. It was agreed to call a meeting of the Physicians of Chester county, and adjoining districts, at West Chester, on the 7th of June, 1828, for the purpose of organizing themselves, and adopting such other regulations as were requisite to carry the project into effect.

Drs. Wm. Darlington, G. A. Fairlamb, Wm. Harris, Saml. McCleane, Ezra Michener, Jos. Griffith and John K. Kennedy were appointed to draft a constitution.

The meeting of June 7th, 1828, was organized by appointing Dr. Fairlamb chairman, and Drs. Thomas Seal and Samuel McClean secretaries.

The Committee appointed at the last meeting submitted a Preamble, Constitution and By-Laws, which were adopted.

The following were elected officers for the ensuing year:—
PRESIDENT, Dr. Wm. Darlington—VICE PRESIDENTS, Drs. G. A. Fairlamb, Wm. Harris—CORRESPONDING SEC, Dr. Jno. K. Kennedy—REC. SEC., Dr. Wilmer Worthington—TREAS., Dr. Thomas Seal—ORATOR, Dr. Samuel McCleane.

In September of the same year the first stated meeting of the society was held at West Chester. No list of the members exists; but from the record it appears that Drs. Wm. Darlington, Geo. A. Fairlamb, Wm. Harris, John K. Kennedy, Isaac Thomas, Wilmer Worthington, Thos. Seal, Saml. McCleane, Isaac Pennington, C. W. Parish, J. B. Brinton, Bartholomew Fussel, Jacob Sharpless, Isaac Z. Coffman, Ezra Michener and Joseph Griffith, participated in the organization and early proceedings of the Society.

During the year 1829 four stated meetings of the Society were held. Dr. Enoch P. Hoopes was elected a member at the meeting in March and Dr. Gideon G. Palmer in December. Dr. Samuel McCleane produced and read an essay on

Scrofula. The death of Dr. Geo. A. Fairlamb occurred during this year. Dr. Samuel McCleane announced the event to the Society, and offered the following resolution which was unanimously adopted, viz:

Resolved, That this society, appreciating the worth and talents of our late Vice President, Dr. Geo. A. Fairlamb, deeply deplore his loss, and appoint a committee to prepare a biographical memoir and present to the society.

Dr. McCleane was appointed to prepare the memoir. The officers elected for the year were, Pres't, Dr. Wm. Darlington, Vice Pres'ts, Drs. Samuel McCleane and Isaac Thomas—Cor. Sec., Dr. Kennedy—Rec. Sec., Dr. Wilmer Worthington—Treas., Dr. Thos. Seal—Orator, Dr. C. W. Parish.

During the year 1830 three meetings were held. The annual address was delivered by Dr. Parish. Subject—"The preliminary education and mental qualifications of medical students." Essays were read by Dr. J. B. Brinton on Sarsaparilla as an article of the MATERIA MEDICA—by Dr. C. W. Parish on the use of Prussiate of Iron in Intermittent Fever and by Dr. Isaac Thomas on Prolapsus Uteri. The officers elected were the same as for the preceding year, except, Treas. Dr. J. B. Brinton, and Orator, Dr. J. K. Kennedy. At the meeting of June 1st, 1831, an essay on Chorea Sancti Viti, by Dr. Thos. Seal, was read. The recording secretary was requested to collect and preserve all the books and papers belonging to the society until further orders. And it was

Resolved, That it is inexpedient to go into an election; that this meeting stand adjourned until another shall be called by the President, or at the request of any three members of the society; and that the liabilities of the members, in the meantime be suspended.

Small Pox and Vaccination—cases reported by J. T. HUDLESON, M. D., of Delaware county.

The following cases may possibly prove interesting, and I give them without any preliminary remarks.

Mr. E. L., aged about thirty-five years, unprotected, was exposed to the variolous contagion. His family, consisting of wife and four children, had been vaccinated except the youngest, an infant of three months old. As soon as the nature of the disease was suspected, and before the eruption appeared, the child was vaccinated with every appearance of success. On the tenth day the areolar redness had faded away, and on the eleventh, to my great surprise, I found the whole surface cov-

ered with the variolous eruption, extending through the mouth and fauces, and, to judge from the impeded respiration, probably through the trachea and bronchial ramifications. The child died in forty-eight hours from the appearance of the eruption. The father recovered, and all the other members of the family escaped infection.

In the year 1847, some cases of small pox occurred in a paper-mill, in my neighborhood, from infected rags. Most of the persons who worked in the mill were vaccinated as soon as the disease appeared. One person, J. E., a German, declined the operation, on the ground, as he alleged, that he had previously been inoculated successfully for the small pox. He took the infection, however, and had a very copious eruption, the only peculiarity consisting in the fact that the *face* was the last part on which it made its appearance. During the progress of his case, a child was born in the same house, in which he lay ill, who was vaccinated within twenty-four hours after birth and escaped infection.

About the same period, E. B. aged 48 years, who had been inoculated in early life with small pox virus, took the disease with symptoms of considerable severity from one of his daughters who had varioloid. The remainder of his family, consisting of four persons, escaped.

J. H., aged about 21 years, in the winter of 1851 had small pox in the confluent form, with symptoms of great severity. The tongue and lining membrane of the mouth and fauces, were covered with the eruption, which probably extended through a large portion the alimentary canal. He complained frequently of intense pain in the epigastrium accompanied by nausea, to which opiates afforded no relief. The Nitrate of silver, administered in doses of one tenth of a grain, succeeded perfectly. The family, consisting of some ten persons, (all protected,) escaped the infection, whilst a visitor, who had also been previously vaccinated, and who merely passed through the apartment immediately below the patient, became infected and had regular small pox, and communicated the contagion to his brother and nephew in the form of varioloid. An infant son of the brother was vaccinated about the same time, and although fully exposed to the chances of infection, escaped.

About the 24th of May last, (1853,) M. B. H., was seized with symptoms of eruptive fever, which proved to be varioloid. On the 1st of June, his son, aged about 10 months, was vaccinated for the first time, and the pustule ran its course with all the appearance of genuineness, but on the 15th a lichen-

ous eruption which had existed for several weeks, all at once appeared to have partially assumed the pustular form, having every appearance of a mild attack of varioloid, which it unquestionably was, although the fact of the two eruptions being co-existent may possibly be deemed anomalous.

The above cases are reported merely as adding so much to the evidence in favor of vaccination as a protection against small pox.

REPORTS OF CASES.

Case of Ovarian Disease—(Carcinomatous)—reported by JACOB PRICE, M. D.

On the 19th of October, 1852, I was called to see an unmarried mulatto woman, aged 28, of a very corpulent habit. Symptoms—pain and tenderness in hypogastric region, pain in lumbar region, urine scanty, high colored, deposit copious, tongue slightly furred, bitter taste, constipation, evidently a little febrile action. Is very “nervous,” Globus Hystericus well marked, always easily put out of breath. She is subject to the pain in the back, but the other symptoms came on a week ago and during menstruation. She was in Philadelphia at the time. The attack was sudden and very violent. She asserted that previous to this she had perfect health, yet I afterwards found by questioning her closely, that she had for five or six months, suffered in the same way, but less severely, at irregular intervals, without apparent connexion with the menstrual nixus, which occurred regularly. These attacks had been looked upon and treated as colic. I directed a mild purge followed by the use of Infusion of Diosma and Uva ursi with Soda Bicarb.; and externally the turpentine liniment. With this she improved so much that on the 24th I ceased to visit her.

Nov. 23d. I was again called. Found less pain and hypogastric tenderness than at my first visit, less febrile action and a rather more copious and natural secretion of urine—the nervous symptoms more prominent than when I first saw her. Complained very much of a “swinging” sensation; this remained till the close of her sickness. She was very fleshy, the abdomen always prominent, and a tolerably careful examination at this time failed to disclose any unnatural development. Assafoetida, Tr. Valerian Ammon. and Hoff’s. Anodyne with a Chalybeate were used with prompt effect and in

a few days I again ceased to visit her. On the 2nd of December she rode about two miles, which caused so much distress in the uterine region that I was again called. The irritability of stomach, which proved such a distressing feature of her case, began about this period to show itself. Rest, fomentations, the aperient action of Sulph. Magnes. and Senna, infusion of *Serpentaria*, with Dover's powders at night, were the agents used up to the 24th of Dec. but without a marked impression upon the disease. On the 24th she sent for me at 4 A. M. She had had a very restless, suffering night, excessive pain and tenderness all through the abdomen, pulse quick, but soft and compressible. Cal. Opii and Ipecac. in repeated doses, and fomentations to abdomen were directed. 25th. Dr. Isaac Thomas visited her with me. The suffering and tenderness rather less than yesterday, pulse wiry; moderate depletion, diaphoretics and anodynes afforded very gradual relief from the distressing symptoms.

On the 3d of January I made a more careful and critical examination of the abdomen than at any time before. The result, I transcribe as entered at the time in my note book. There is circumscribed hardness, evidently some enlargement occupying nearly the whole abdomen, but the parietes are so very thick, that it is difficult to make an accurate diagnosis. The uterus is very little if at all enlarged, not at all tender. A hard tumor or enlargement felt in front of the uterus and extending above the umbilicus. Urine high colored, constant desire to micturate, bowels torpid, considerable rectal irritation, discharge of thick mucus, a great deal of irritative fever, pulse varies from 110 to 120, nervous system very irritable, complains of a "trembling feeling all through her." Treatment, altogether palliative; various agents were used. The Ext. of Bellad. in doses of the eighth of a grain, repeated every three hours seemed to afford the most relief. Injections of Acetate of Lead and Morphia controlled the rectal irritation. Dr. Thomas saw her several times and Dr. J. B. Brinton once, during this month. On the 22d, her strength suddenly failed, respiration became short and labored, pulse rose above 150, and articulation almost ceased. She, however, rallied under the use of stimulants and lived on in a most restless, suffering condition, until the 7th of February. She scarcely slept during the last two weeks of her life. Autopsy on the 9th. External appearance—body very fleshy, cellular tissue about the throat and breast more distended than in life, right leg considerably swollen. There was some enlargement of it took place two or three days

before death, and she had complained of considerable pain in it and soreness when handled. There may have been some phlebitis. On making the abdominal section we found about three inches of adipose tissue. There was no infiltration, and no liquid whatever, in the peritoneal sac. A few slight adhesions were found on turning back the abdominal parietes. The omentum was very much atrophied, slightly discolored by venous congestion, and adherent by a few bands to the bowels and to a large oval tumor, occupying nearly the whole abdomen and pelvis. The upper portion of the tumor was dark colored, like the omentum and contiguous bowels, soft and fluctuating, evidently occupied by a large cyst. The lower and lateral parts were paler and firm—evidently solid. The adhesions of the posterior, lateral, and inferior surfaces of the tumor to the contiguous small intestine, cœcum, sigmoid flexure and walls of the pelvis were very firm. In many places the tissue of the bowel merged into that of the tumor, so that an accurate and complete separation was impossible. The attachment of the tumor was traced without difficulty to the right broad ligament, at the site of the ovary, the tissue of which was completely lost in the tumor. The tumor measured 11 inches by 8. It was opened by a vertical section. At the top was the large cyst before alluded to, containing about 3vi of coffee-colored serum, nearly opaque. In several places through the tumor were smaller cysts filled with a dark creamy pus. The main body of it was composed of a dirty greyish-white, opaque substance—bearing considerable resemblance to the cortical matter of brain—with a lobulated arrangement, and traces of fibrous tissue through it. It evidently must be classed as Medullary Carcinoma. The other ovary was perfectly healthy and exhibited better than I ever before saw, the Corpora-Lutea of menstruation. One, from which the ovum had recently escaped, (she had menstruated within a week of her death,) and another very plainly marked, apparently that of the last preceding menstruation. The uterus also was perfectly healthy—not the slightest enlargement of it. Bowels not diseased except where attached to the tumor. Stomach healthy; no congestion or abrasion of its lining membrane, notwithstanding obstinate vomiting had been one of her most constant and distressing symptoms. The liver, spleen, pancreas and kidneys presented no unusual appearance.

The examination was not extended beyond the abdomen. I regret that we did not inspect the condition of the right iliac vein, for I have no doubt we should have found that it had been the seat of Phlebitis. Dr. Wood remarks in reference

to this disease (medullary carcinoma) "It has a strong tendency to occasion coagulation of the blood in the large neighboring veins and sometimes gives rise to a kind of phlebitis which has the same effect." He has seen three cases of the kind.

I regret further that we had not access to a suitable microscope, to verify or disprove the diagnosis.

Case of Hypertrophy of the Heart, with Dilatation and Valvular disease—Reported by DR. ISAAC THOMAS.

G. F., aged 27 years, of a stout frame and athletic appearance, complained occasionally for several years, of palpitation of the heart, especially when using exercise to which he was not accustomed. He was by trade a stone mason, from which he experienced ordinarily little inconvenience. On the twenty-ninth of June last he employed himself in mowing heavy grass, and was attacked that night with severe pain and oppression in the region of the heart, with great difficulty of breathing. The pulsation of the heart was violent, so much so as to be perceptible through the parietes of the chest. I bled him freely, which afforded temporary relief. Since that time he has not been able to perform any active exercise. Under the use of *Digitalis* he was rendered tolerably comfortable, until within the last three or four weeks, occasionally however suffering very much from difficult respiration. Believing his case an incurable one, from an organic change of the heart, I requested him to consult with Professor Samuel Jackson, which he did in the early part of the present month. I received a note from the doctor, dated the 11th inst., in which he says: "I examined twice your patient, Mr. F. The affection of the heart under which he labors, is an hypertrophy with dilatation, and a valvular affection—most probably in the mitral valve."

Last evening, October 21, he died, having suffered violently for several days, from difficult respiration. This evening the Drs. Worthington assisted me to make a post-mortem examination. The left side of the chest was more prominent than the right, over the region of the heart. The heart was found to be nearly, if not quite, three times the normal size. The left ventricle being hypertrophied, and the cavities very much dilated, and all the large vessels bearing a corresponding increase in caliber as well as thickening of their coats. The dilatation of the valvular opening between the left auricle and ventricle was so great that the mitral valves could afford but

little resistance to the regurgitation of the blood from that ventricle, into its corresponding auricle. The passage was almost uninterrupted. I may here remark, that for a long time there was but a single valvular sound, and upon the contraction of the ventricle nothing but a whistling sound was to be heard. The lungs were evidently congested, and in a few spots were hepatized. The ventricles were filled with coagulated blood.

EDITORIAL.

We publish in this number, an account of the BIRTHS and DEATHS which have been reported to the 'REGISTER' of Chester and Delaware counties, from July 1, 1852, to July 1, 1853. We are of opinion, that not more than one-third of either have been returned in Chester county, and perhaps, not so large a proportion in Delaware. We have endeavored to exhibit with as much accuracy as possible, the number of these deaths, which have taken place on the different geological formations.

Chester county includes in her geology, five of these formations. *First*, Gneiss and Mica Slate, comprising a large portion of the county, and containing a population of about 45,700. *Second*, Talc Slate, with a population of 6,200. *Third*, Red Shale, with a population of 8,700. *Fourth*, Serpentine, with a population of 300, and *Fifth*, Limestone, with a population of 5,600.

From some of these formations fuller returns have been made by the physicians, than from others. Hence, they afford no certain result with regard to the relative number of deaths on each, according to their population.

We should also have been pleased to give the extent of territory embraced in each formation, but have not been able to obtain the necessary information to do so, at present.

In presenting these tables to the profession, we earnestly invite the attention of medical men in both counties to their importance; and with a view to make them more complete in future, respectfully request them to note on every certificate of

death, the geological formation on which it occurred. By a faithful compliance with the *Registration law*, great benefit will result to medical science, and as a measure of hygiene, much good to the community. We hope, therefore, every physician who aims to advance the best interests of both, will yield a perfect obedience to the duties it enjoins.

EMPIRICISM.—We are not aware that any state in the Union, has fewer legal restraints to the free and unbounded dominion of empiricism, than Pennsylvania. Every system of quackery, whether of foreign or domestic origin, is permitted to work out for itself a reputation for good or evil. It is true, the results are generally bad, and each in its turn sacrifices many lives, by the sway its advocates exercise over ignorance and credulity. Yet, nowhere in our land, does the medical profession occupy a more elevated position—nowhere is it more distinguished for science and ability—nowhere is it more faithful, or less entitled to the charge of mere mercenary considerations, than here. Certain, it is, however, great improvement may still be made. Greater circumspection is needed in admitting persons to its honors. It is not legislative enactments that we require, to check the morbid public sentiment which tends to favor the *Empiric*, but it is a rigid and scrutinizing caution in clothing men with the honors of the Doctorate.

While we ask no legislation, to protect the profession from the leveling process of empiricism, we cannot but regard it as singular, that so little anxiety should exist in the public mind, to guard the lives of our citizens from the dangers to which the ignorant and unprincipled charlatan exposes them. To a mind accustomed to note the nature and effects of disease—the laws of the animal economy—the philosophy and treatment of disease, nothing is more palpable, than the vast amount of evil which is daily inflicted upon suffering humanity by the different false systems of medical pretenders. Yet no one feels disposed to raise his voice against it. For medical men

to do so would be useless. The moment they attempt to interfere, their motives are impugned, and the cry of persecution is raised, which elicits the sympathy of the ignorant multitude, who claim to be the special friends of *reform*.

How then is this evil to be abated? We answer, only by letting it alone. There are evils in every community which can only be reached by this process. In time, they will wear out. From the earliest days of our profession, system after system has arisen, and descended to the tomb of oblivion. So it will be. Novelty is one of the things that have ever charmed the human mind. These systems are generally introduced under this garb; and until by sad experience to some the experiment is fully made, there will be no abatement of the zeal with which they hold on to their darling object. Much as we may deplore this state of things, we can only prevent it by diffusing science and knowledge among the people. Let this be done extensively, and empiricism will hide its hideous and shameful form.

Dr. R. H. SMITH, of Media, has furnished us with the statistics of the patients treated by him in the Delaware County Alms House, since December 6th, 1852; from which we find the whole number of cases to be eighty-four, and of these sixty-eight were cured, seven relieved, and nine died. The fatal cases were three of Phthisis, three of Atrophy, one of Pneumonia, one of Pericarditis and one of Mania à Potu. He also gives us an account of a serious accident occasioned by the premature discharge of a blast, in which the patient, a middle aged white man, had one wrist joint very much torn, leaving the end of the ulna bare and carrying away the cuneiform bone, also a compound fracture of the humerus of the same side near its upper third. The nasal bones were fractured and both his eyes destroyed, his arm was amputated thirty-six hours after the accident, and his wounds dressed with cold water, and notwithstanding the severity of the injuries his

life was saved. It is to be regretted in this case that a more full and explicit account, both of his injuries and treatment, could not be given.

THE editors of this Journal, do not hold themselves responsible for the sentiments expressed, or the facts related in any communication published therein. We regard the author in all cases, published under his name, or the work from which the extracts are made, a sufficient authority for their appearance, leaving the reader to judge of their accuracy and usefulness.

A STATED MEETING of the Chester County Medical Society, will be held at West Chester, on Tuesday the 1st of November next.

MEDICAL NEWS.

Domestic Intelligence.

AMERICAN MEDICAL ASSOCIATION.—*Circular of Committee of Publication to the members of the Association.*—In conformity with a resolution of the American Medical Association, it becomes my duty to inform you of the decision of the Committee of Publication in regard to the price at which the forthcoming volume of *Transactions* will be furnished to the members of the Association and to others.

The price of *single copies* has been fixed by the Association at *five dollars*.

Any *individual* desiring two copies, will be furnished with them upon his remitting to the Treasurer *nine dollars*.

Societies, associations, and institutions requiring six copies for the use of their members, will be supplied with them on remitting to the Treasurer *twenty-five dollars*, or they will be supplied with twenty-five copies on remitting *seventy-five dollars*.

Those who wish volumes 5 and 6, may obtain them by remitting *eight dollars*.

In consequence of the numerous illustrations, many of them highly finished colored lithographs, with which the forthcom-

ing volume will be accompanied, its cost will considerably exceed that of either of those previously issued by the Association. To defray the cost of its publication, at least *fifteen hundred dollars*, in addition to the amount already received by the Treasurer, will be required.

Your attention is called to the following resolution adopted at the last session of the Association.

"Resolved, That the delegates from the several States be requested to appoint committees, who shall aid the Committee of Publication in procuring subscribers for, and in distributing the annual *Transactions* of the Association."

D. FRANCIS CONDIE, *Treas.*

And Chair. Com. Pub. A. M. A.

American Medical Association.

At a meeting of the Association, held at New York, in May 1853, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes, of \$100 each, to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned after June 1st, 1854.

Communications must be addressed, post-paid, to the Chairman of the Committee, Dr. Charles A. Pope, 123 Locust street, St. Louis, Mo., on or before the 30th of March, 1854.

Charles A. Pope, M. D., Thomas Reyburn, M. D., John S. Moore, M. D., John B. Johnson, M. D., A. Litton, M. D., *Committee.*

CHARLES A. POPE, M. D., *Chairman.*

At a meeting of the Alumni of the University of Pa., held in Mobile, Ala. to take into consideration the deaths of Drs. Chapman and Horner, late Professors in the University, it was recommended to the "Alumni of the Medical Department of the University of Pennsylvania, throughout the world to contribute the sum of *one dollar* each, on or before the 25th of December next, to defray the expenses of erecting a suitable monument to their memories, in the University yard, in Philadelphia, that such contribution be sent to the Dean, or any other member of the Faculty, to be used by them for that purpose as soon as, in their judgment, a sufficient sum shall have been received."

RECORD OF MEDICAL SCIENCE.

DR. N. S. FOLSOM, of Portsmouth, N. H., recommends the following plan for suppressing obstinate hemorrhage after the extraction of teeth. To wash out the mouth with cold water, and then search for the source of the bleeding. Moisten a piece of cotton with creosote of full strength; apply it directly to the mouth of the bleeding artery; direct the nurse to put her finger on the gum over it, and make firm and constant pressure, first with one hand and then with the other; and when she becomes fatigued, let another person take her place. When the hemorrhage comes from the bottom of the alveolar cavity, in most instances it may be arrested by taking a ball of cotton, rolled hard, two-thirds as large as the cavity, and pressing it into the bottom of it with a suitable dental instrument. In slight cases, he moistens the ball with spirits of turpentine. But for what are termed *bleeders*, he gives internally fifteen drops of the spirits of turpentine every three hours, and uses externally creosote in its full strength.

Sick Headache.—The same writer, treats sick headache as follows: Take any number of drops of croton oil, mix them with flour and molasses, and make as many pills as drops of the oil used. When the patient begins to feel the sick headache coming on, one half of a pill is to be taken every hour in molasses, or something of like consistence, until it acts as a cathartic; and thus treat the sick headache at each attack. If thus taken, each attack will be found less severe, and in some cases a few doses produce a permanent cure. He seems to think the croton oil acts in three ways: 1st. By increasing the secretions. 2nd. By counteracting the anti-peristaltic action of the stomach and bowels; and 3d; by acting as a counter-irritant to the brain.—*From the Boston Medical & Surgical Journal.*

Treatment of Erysipelas with Iron. By GEORGE W. BALFOUR, M. D.—In consequence of having witnessed the cure of a case of erysipelas treated with iron, under the joint care of Dr. Charles Bell and myself, and also in consequence of Dr. Bell's assurance of its great and unfailing success, I was induced to give this method a trial, and this the more readily that opinions were very much divided regarding the proper treatment of this disease, and I myself had no great confidence in any. Since that time I have treated all my cases, upwards

of twenty, with iron, and have no cause to regret my doing so. On the contrary, erysipelas is one of the few diseases for which I now believe we have a certain and unfailing remedy, and this whether it be infantile or adult, idiopathic or traumatic.

The first case so treated was a highly scrofulous woman, with erysipelas of the scalp, arising from irritation of two large sores on it. She was cured in three days. The second was a man with erysipelas of the foot and ankle, cured in two days. The third was a case of traumatic erysipelas of the scalp in a woman; she was ill a day or two before being seen, but was cured in about five days' treatment. The wound, a deep cut about three inches long, was healed within a week. In short, all the cases, many of them very severe, and accompanied with high delirium, some of them phlegmonous, others vesicular, and several occurring in children, were cured in less than a week on the average. Suppuration took place in none but two, in both of which the treatment was, of course, more tedious. The ninth day was that on which convalescence commenced even in the most severe cases, and *probably* the course of the disease would have been shorter in them had the medicine been given more regularly; for so sure is it in its effects that I can, with I may almost say absolute certainty, predict the state of the patient on ascertaining the quantity of the drug taken; and a glance at the bottle is fully as informing as to the state of the disease as a look at the affected parts themselves.

The tincture of the muriate is that preparation of iron I have hitherto employed, the dose varying with the age of the patient; the great object being to saturate the system with iron as speedily as possible, and to keep it so till the disease is abated. A few doses suffice to remove the pain, and lessen the heart's action; it acts also as a diuretic, and to some extent corrects the secretions, often cleaning the tongue as well as any purgative. It never produced headache nor other unpleasant symptoms, and was continued with advantage throughout the highest delirium. The only other remedy employed was an occasional purgative, and the local application sometimes of a warm poultice, and at others of simple flour, or starch powder and cotton wadding, the poultice being preferred, perhaps without much reason, when the situation or extent of the part affected did not throw difficulties in the way of its application.

Its principal curative action seems, as Mr. G. Hamilton Bell supposes, to be exerted on the capillary vessels; and for

this reason, that while its diuretic action is equally well maintained by smaller doses, less frequently repeated, its curative action is not obtained unless the system be saturated with it, and kept so for some time. Farther, without denying that it may act as a renal purgative in disease, I may add that, from some experiments on myself, it does not seem to do so in health. The quantity of the urine was much increased, by fully one half, yet the quantity of urea was increased relatively and absolutely only to so small an amount, a grain or two in 24 hours, as to be far within the usual limits of aberration, and much too insignificant, supposing it to be real, to account for the wonderful curative agency of the drug. On taking twenty minims of the tincture every two hours, the second and third doses produced some slight degree of tension in the head, a symptom which subsequently ceased, and did not return. At this period, too, the pulse was slightly accelerated, possibly from nervousness; it afterwards came down from 80 my usual average, to 64. The iron was taken at intervals for four days, regularly every two hours for the last twelve hours. Its diuretic action was always established within an hour after taking each dose; no iron could be detected in the urine, nor in the serum of the blood; but as this may depend on my want of refinement in chemistry, I am willing to give any chemist who may be anxious another opportunity by repeating the experiment; for I know no method of treating any disease more worthy of investigation, and none more deserving of adoption by the profession, than the treatment of erysipelas with iron. Some have supposed its efficacy to be owing to its *stimulant* action; that this is not the case was well shown in a case I had recently under my care—a young man laboring under scarlatina, who had a patch of erysipelas vesicular over the sacrum, and one over the right armpit. Neither of these were at all influenced by the carbonate of ammonia, employed in the treatment of the coexisting scarlatina, but yielded at once to 24 hours' treatment with the muriate of iron.—*Monthly Journal of Medical Science*, May, 1853.

Iodine as a preventive of Mammary Abscess. By H. C. STEWART, M. D., Salisbury, Pa.

This communication, I presume, will fall under the notice of no physician unacquainted with what is usually termed mammary abscess, both as regards the condition of the breast and the best known means of obviating that distressing condition to which the "lying in woman" is so often subjected.

Perhaps no organ of the body is capable of producing a greater amount of suffering to the patient, and vexation to the physician, than the female breast. Situated upon a prominent part of the body—delicately constructed—influencing and being influenced at times by other organs, it is adapted to the performance of an important function, the disturbance of which must necessarily produce a disagreeable and dangerous result, often requiring the best efforts of the physician to counteract.

Seeing, then, that these are so, we have been led to inquire, Is there no remedy? or must our patients, after having undergone the agony of parturition, still suffer on, simply because their breasts have not been properly and sufficiently relieved of milk as fast as secreted?

If mammary abscess cannot be prevented, it is not because *remedies* have not been proposed for it; for amongst all the “ills that flesh is heir to,” there is none, perhaps, for which such a multitudinous variety of *cures* has been tried. This is probably the best evidence of the difficulty of preventing such an occurrence.

The first indication that suggests itself to the mind of the physician, is to remove the tension by withdrawing the milk. But this cannot always be done; for in how many cases do we find a complete obstruction of the ducts; others, again, where there are no nipples, consequently no outlet for the milk. Have we no remedy here, or must we let the gland inflame, and then bleed and apply leeches and “poultices to favor supuration,” and when the abscess forms, open it with a lancet, and run the risk of forming a milk fistula, then apply adhesive strips, and if all this fail—*let it alone?*

In the early part of my practice I was called to attend a lady, the mother of five children, none of whom she had ever suckled, owing to an inversion of the nipples, and consequent obstruction of the ducts. So thorough was this obstruction, that the best efforts of the physicians, on former occasions, had totally failed to relieve the breasts of a particle of milk; consequently the woman had suffered on every occasion from mammary abscess.

In giving me a history of the treatment at different times, she said that at one time she came near losing both breasts; when the physician, (dead at the time of this conversation,) as a last remedy, applied something, which, from the description given me, I believed to be iodine. Knowing the efficacy of that article in all glandular affections, I resolved to try it as soon as the breasts showed any signs of inflammation. On the

third day, finding them large, heavy and intensely painful, I made an application to the breasts of iodine ointment spread upon linen, which gave almost immediate relief. After a few applications I found the breasts "perfectly flaccid, completely cool, and admitting of the freest palpation and handling, without the woman making any complaint." From the favorable result in the above case, I was induced to try it in two similar cases, with the same success, and, so far as I know, it never failed in the hands of any of my medical friends to whom I have recommended it, but not a few there are who can bear testimony to its virtues.

With these few suggestions, I respectfully submit it to the profession, hoping that it may not disappoint their expectations.—*Medical Examiner.*

Chloroform in Puerperal Convulsions.

In reply to an inquiry of the New York Medical and Surgical Society by Dr. Delafield, Dr. Metcalf stated that in half a dozen cases, occurring in his own practice and in half a dozen more in the practice of his friends, where chloroform had been relied upon but one had terminated fatally.

Dr. McCready had seen one case in which it was freely administered without controlling the convulsions. It however recovered.

Dr. Van Buren reported the case of a lady with her first child, where the convulsions occurred a short time before the commencement of labor, and continued after delivery until death which took place 52 hours from the first attack; chloroform in this instance, relieved the convulsions while the patient was kept under its influence, but returned whenever it was discontinued.

Dr. Delafield related a case in which it was given without in the least controlling the disease, and the patient died. He doubts its advantage in the affliction, and does not consider opium a safe remedy. His treatment is depletion both general and local, and strong counter-irritation to the head. His only fatal case last year was the one in which chloroform was used.—*New York Medical Times, April, 1853.*

BIOGRAPHICAL DEPARTMENT.

Biographical Notices of Deceased Physicians of Chester County.

JOSEPH MOORE was the second son of Nathaniel and Hannah Moore, and was born about the year 1758, in the town-

ship of Goshen, Chester Co., Penna. His mother was the widow of Henry Collins, her name previous to her first marriage being Hannah Hunt.

We are unable to learn anything definite with regard to his education, either preliminary or medical. From what is known of him, however, we have reason to believe, he obtained a tolerable English education, and that he attended the lectures at the Medical School, in Philadelphia; but, as was usual at that day, he took no degree. His preceptor was Dr. Kennedy, of East Whiteland township, Chester county.

After completing his studies, he commenced the practice of Medicine, residing in the same house in which he was born. In the year 1780 he married Sarah Jefferis, daughter of Emmor and Elizabeth Jefferis, of East Bradford township, Chester county, and by this connection he had five children—four sons and one daughter. Their names were Joseph, Emmor, Jefferis, James and Eliza.

Joseph studied medicine with Dr. Jacob Ehrenzeller, and emigrated to Mississippi, where his other brothers, and sister who married Passmore Hoopes, also in a few years took up their abode. None of the children of the subject of this notice are now (1853) living. His descendants are Robert Frazer, and John Taylor, sons of Joseph Moore; Joseph H., Sarah Ann—married to James Jefferis,—Emily, Mary and Emmor, children of Emmor Moore. Eliza Hoopes left four children, Mary P., Edward B., Ann Elizabeth and Catharine all now living. The children of Joseph and Eliza are residents of the state of Mississippi. Those of Emmor are living in Philadelphia, except Joseph H. who resides in the city of New Orleans. Jefferis and James Moore were never married.

About the year 1792 Dr. Moore removed from Goshen to West Chester, where he continued the practice of his profession until within a short time of his death, which took place about the 5th of July, 1799, of consumption. His wife survived him about one month.

Dr. Moore was a man highly respected. He was considered skillful in his profession, much esteemed as a citizen, and kind, attentive and popular as a physician. He died at the age of 41 years, deeply lamented by his numerous friends.

Dr. ABRAM BAILEY, was born in West Bradford township, Chester county, about $1\frac{1}{2}$ miles south of Marshalton, September 5th, 1760. His parents were Joel and Elizabeth Bailey (whose maiden name was Marshall.) He received an English and classical education from teachers employed in

the family. He studied medicine under Dr. Nicholas Way, of Wilmington, Delaware, and was a fellow student with his cousin Dr. Moses Marshall. While a student he had an opportunity of becoming practically familiar with surgery immediately after the disastrous battle of Brandywine, in 1777.

He attended lectures at the Medical School of Philadelphia, but did not take a degree. The degree of Bachelor of Medicine was the only one then conferred, by that school; but graduating was a rare thing in those days, and for a number of years thereafter, especially among students from the interior of Pennsylvania. It is believed, that the degree of Doctor of Medicine was first conferred upon a Chester county candidate in 1804.

Shortly after leaving lectures, Dr. Bailey went as Surgeon in a privateer vessel of war; and during the cruise visited France.

On his return, he engaged in the practice of medicine at his native place, until about the year 1789, when in company with Humphrey Hill and Cadwallader Evans, (under the firm of Bailey, Hill & Evans,) he engaged in the iron business. They rented the Andover Works, in Sussex County, New Jersey, where they continued for 5 or 6 years, but the enterprise resulted unfortunately.

While in Jersey, he was chosen captain of a troop of horse, and in 1794 marched with his troop over the Allegheny mountains, in the expedition to quell the so called Whiskey rebellion. Soon after this he returned to Chester county and resumed the practice of medicine until the year 1800, when he opened a store in Marshalton and continued a limited medical practice for a number of years. While the seat of government was at Lancaster, he was elected a member of the House of Representatives; and after its removal to Harrisburg, he was elected to the Senate.

Some time after his term in the Senate he was appointed a Justice of the Peace, which appointment he held until his death.

Dr. Bailey was twice married. His first wife was Phebe Carpenter; and his second Rachel Carpenter; both daughters of John and Hannah Carpenter, of West Bradford. By his first wife he had 6 children, and 4 by his second. Joel C. Bailey his eldest son, now resides in Unionville. Eliza A. Bailey (now Gause,) the eldest child by the second wife, married Jonathan Gause, residing on the Brandywine, in West Bradford. Margaret Bailey (now Harlan,) the second daughter by the second wife, married Joel Harlan, living on the

Brandywine, in Newlin township. His other children are all deceased.

When General Lafayette visited the BRANDYWINE BATTLE GROUND, and West Chester, July 26, 1825, Dr. Bailey was one of a committee appointed to escort him; and being on horseback nearly all day occasioned an irritation of the neck of the bladder, which produced a painful and obstinate retention of urine, and inflammation of the parts, that resulted. in his death, August 13, 1825, at the age of nearly 65 years Dr. Bailey was a respectable physician, an upright magistrate, an enlightened, public-spirited citizen and an honest man.

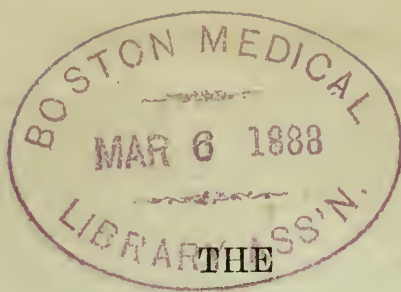
[The dates, and most of the details of the preceding sketch were furnished by Jonathan Gause.]

Died, in Cincinnati, on the 5th of November, 1852, *Daniel Drake, M. D.* He was born in Essex county, N. J., on the 20th of October, 1785. When two years old, he removed to the west with his parents. By moderate talents, but great industry, he rose to considerable distinction as a physician and a writer. He occupied successively a Professorship in several Medical Colleges. In 1819, he founded the Medical College of Ohio; and was one of the teachers in this school, when stricken down by death.

Died, in Philadelphia, July 1st, 1853, *Nathaniel Chapman, M. D.*, Emeritus Professor of the Theory and Practice of Medicine in the University of Pa. Dr. C. was born in Fairfax co., Va., May 28, 1780. He graduated in 1801 at the University of Pa., and in 1806, became a teacher in that school as adjunct Professor of Midwifery. In 1813, he was appointed Professor of Materia Medica, and in 1815 received the appointment of Professor of the Practice, Institutes, and Clinical Medicine.

Died, in Louisville, Ky., July 7, 1853, *Charles Caldwell, M. D.*, æt about 90. Dr. C. was for many years Professor of the Institutes of Medicine, in Transylvania University, and in the Medical College of Louisville. He graduated at the University of Pa., in 1796.

Died, in Philadelphia, March 13th, 1853, *William E. Horner, M. D.*, Professor of Anatomy in the University of Pa., in the 60th year of his age. Dr. H., was a native of Virginia. He graduated at the University of Pa., in 1814, and nearly ever since that period, has been connected with the Chair of Anatomy, in that Institution.



MEDICAL REPORTER.

VOL. 1. NO. 3. JANUARY, 1854.

PROCEEDINGS OF SOCIETIES.

Chester County Medical Society Proceedings—Nov. 1853.

A STATED MEETING of the Chester County Medical Society was held at West Chester, Nov. 1st, 1853. President, Dr. Worthington, in the chair; members present, Drs. Murphey, Thomas, Brinton, Stebbins, Ogier, Edge, Hartman, Walker, Gunkle and Price.

The minutes of the last stated and adjourned meetings were read and approved.

A letter was received from Dr. Rivinus, tendering his resignation as treasurer of the society, which was accepted, and the Secretary directed to convey to Dr. Rivinus the thanks of the society for the faithful and satisfactory manner in which he has discharged the duties of his office. Dr. Hartman was elected treasurer for the unexpired term of Dr. Rivinus.

The committee on biographies, dysentery and nervous diseases, and on medical topography not being ready to report were continued.

The editing committee report that two numbers of the "Reporter" have been issued, and that about seventy copies have been subscribed for—about fifty of which are taken in Chester county—Delaware county has as yet returned no list. The members of the society were earnestly requested to extend its circulation in their respective localities, and to contribute matter for its pages.

Dr. Walker, one of the delegates to the meeting of the "American Medical Association" for 1853, read a report of the doings of the Association, which was accepted and filed.

The Society then proceeded to a nomination for delegates to the meeting of the "American Medical Association," to be held in St. Louis in May next. Drs. Isaac Thomas, A. K. Gaston, J. B. Brinton, J. P. Edge and C. W. Parish, were nominated.

On motion the president was directed to cast the ballot for the above named gentlemen as the delegates of the society. They are instructed to vote for an amendment to the constitution of the Association, restricting representation to State and county societies.

Drs. James Parker, Wm. H. Worthington and Franklin Rieser were proposed for membership. Drs. Isaac T. Hayes and Edward Hall were balloted for and duly elected members of the society.

The "Transactions of the Medical Society of the State of New York, for 1852," were presented by Dr. Hays, Corresponding Secretary of the Medical Society of the State of Pennsylvania. The Corresponding Secretary was directed to acknowledge the same.

In view of the probability of a return of cholera to our country, it was *Resolved*, that a committee of five be appointed to collect statistics in reference to it should it appear, and if possible, report all the cases that may occur within the limits of Chester county.

Drs. W. Worthington, S. A. Ogier, J. P. Edge, A. Murphy and S. Stebbins were appointed the committee.

The following preamble and resolution were offered, the consideration of which was postponed. WHEREAS a prominent object of this society is "the advancement of knowledge upon all subjects connected with the healing art," and believing the reference of special medical subjects to special committees, to prepare reports for the society, one of the best means of accomplishing this object, therefore *Resolved*, that the President appoint such special committees as may be deemed expedient—designating, respectively the subjects for their consideration. Adjourned.

Report of Committee on Cholera in 1849.

The committee appointed by the Chester County Medical Society at their Semi-annual meeting, held Oct. 31, 1848, "to

take such measures as they might deem proper to procure a full report of all the cases of cholera asphyxia that shall occur in the counties of Chester and Delaware, in case this singular and wide-spreading epidemic should again make its appearance among us,"

REPORT:

That shortly after their appointment, they prepared, and had printed, the following circular, which was kept in readiness for distribution among their medical brethren, whenever the near approach of the cholera seemed to require it.

West Chester, May 19, 1849.

To

DEAR SIR:—

At a meeting of the *Chester County Medical Society*, held on the 31st of October last, the undersigned were appointed a committee "to take such measures as they might deem proper to procure a full report of all the cases of cholera asphyxia that shall occur in the counties of Chester and Delaware, in case this singular and wide-spreading epidemic should again make its appearance among us."

It is evident that the collection and arrangement of all the cases that occur within these counties, together with such accounts of its character, mortality, &c., as every intelligent physician can furnish, would afford satisfactory evidence of its progress and danger in this quarter; and if similar means were taken by medical societies and physicians generally, we would be able to present a complete history of this disease during its prevalence in the United States. With an anxious desire to contribute so far as we can to the attainment of this object, we respectfully solicit your co-operation; and should cases come under your notice, we would thank you to report them to the chairman of our committee at West Chester, with such remarks upon their nature, symptoms and treatment, as you may think necessary.

With sentiments of respect, we are your obedient servants.

WILMER WORTHINGTON,
ISAAC R. WALKER,
WILLIAM W. TOWNSEND,
ELLWOOD HARVEY,
R. H. SMITH,

Committee.

It was not until sometime in the spring of 1849, that the cholera had advanced sufficiently near to call for the distribution of this circular; accordingly, when it made its appearance

in the city of New York, and every reasonable probability existed of its daily entrance into Philadelphia, they were sent out to all the physicians within the bounds of this society.

We regret to say, that little attention has been paid to the request which our circular contains, by those practitioners to whom it was sent; and your committee, although, they have made repeated applications personally for a particular return of cases which were known to have occurred under the observation of several physicians, have been obliged to make up their report upon very imperfect returns.

The following is the substance of the information received and the manner of its communication.

Dr. William Davis communicates five deaths occurring in the family of Jacob Sloanaker, in East Pikeland township, Chester county. We beg leave to make the following extract from his letter upon this subject, to the committee.

"John Sloanaker, aged twenty-one years, of spare make and sedentary habits, having been engaged in teaching school, eat on the evening of July the 10th, an inordinate quantity of cherries, went to work on the 11th, in the harvest field, complaining of sickness of the stomach; was attacked about two o'clock with diarrhœa; at four o'clock with vomiting, attended with violent spasms. I was called on in connection with Dr. S. Harris, about 12 o'clock that night, when we found him in a collapsed state. He died at 7 o'clock, on the morning of the 12th of July."

"Jacob Sloanaker, aged 64 years, a farmer, and father of John, had been for several years subject to flatulent colic and diarrhœa, was engaged on July the 11th, in the harvest field, in his usual health. At dinner he ate freely of stale beans, and milk; at five P. M., on hearing that his son had the cholera, was attacked with vomiting, diarrhœa and spasms; at 12 o'clock in the night, when we first saw him, he was in a collapsed state, and died at 6 o'clock on the morning of the 12th of July."

"Joseph Shreger, aged 15 years, a boy in the Sloanaker family, ate on the evening of July the 10th, a quantity of cherries—complained of being unwell—July 11th, ate sparingly at dinner, though freely of raspberries in the after part of the day—was attacked in the evening with vomiting, diarrhœa and spasms—was also in a collapsed state when we were called in, and died at half past six on the morning of the 12th of July."

"Michael Sloanaker, aged 28 years, had diarrhœa on the 10th and 11th of July—was exposed on the night of the 11th

to the night air, being thinly clad; complained on the morning of the 12th, at three o'clock, of increased diarrhœa, rice water discharges and vomiting. When Dr. S. Harris and myself were consulted, he was ordered to be kept quiet, sinapisms to be applied to the abdomen, and directed to take small doses of calomel, opium and camphor every half hour; at nine o'clock, stomach and bowels were calm, and the patient expressed himself well. In the afternoon, in our absence, the medicine was discontinued, and he unfortunately got up, drank freely of ice water, and ate some jelly. At 7 o'clock, P. M., we were called upon again, and found him in violent spasms, rice water discharges and vomiting, with alarming prostration of strength. He was directed to continue the calomel, opium and camphor, as in the morning; frictions and sinapisms to be applied and to have injections of acetate of lead, 30 grs., laudanum ʒi, mucilage of gum arabic, 3 ounces.

July 13th. Diarrhœa arrested, stomach calm, and symptoms generally favoring a speedy convalescence—but owing to repeated imprudence, his disease was protracted until the 30th of July, when he died.”

“*Joseph Upperman*, aged twenty-seven years, (hired man in the Sloanaker family,) of intemperate habits, was found on the afternoon of the 17th of July in the barn, with diarrhœa, vomiting and spasms. We first saw him at 8 o'clock, P. M., when we found him in a collapsed state. He died about three o'clock, on the morning of the 18th of July.”

In addition to these cases, the committee would remark, that three others occurred in the same family, which were evidently of the same character of disease, but not being of so aggravated a form, and receiving earlier medical attention, were restored to health.

With regard to the disease in this family, it may be observed, that up to this time, no other case had occurred in that neighborhood; and with the exception of the case of Dr. Griffith, which will be mentioned hereafter, they were the only ones which took place in all that section of country. No member of this family had been to the city or any other place where the cholera was prevailing—neither had any person with the disease been in their vicinity—showing that, its appearance there, could in no way be accounted for by contagion. No local cause could be discovered for its occurrence in that place.

Dr. Isaac Z. Coffman makes the following report of the case of Dr. Joseph Griffith, who died of this disease, near Kimberton, Chester county, on the 9th day of August last.

"He was attacked on Wednesday morning the 8th instant, with sick stomach and profuse diarrhœa—attributes the first disorder of stomach to eating cake in which there was sal-æra-tus, which always disagreed with him—and to eating soup in which dough rolled thin and cut in long thin slices was boiled, commonly called noodle soup. He never saw or attended a case of cholera, and was very much afraid of the disease.—When I arrived at 3 o'clock, P. M., I found him much debilitated from the excessive discharges; had fainted on getting out of bed. I examined the first evacuation, and found the true rice-water stool that is always present in this disease. Commenced his treatment with calomel, grs. iij, and acetate morph. gr. $\frac{1}{4}$ every hour—frictions of brandy and cayenne pepper to the extremities. I dispatched a messenger for Dr. William Davis. The diarrhœa continuing, gave him an injection of sacchar saturni $\mathfrak{z}$ i; laudanum a teaspoonful, and starch water one gill. After Dr. Davis arrived, the debility appearing urgent, we gave calomel grs. ij, acetate morph. gr. $\frac{1}{4}$ and pul. gum camph., grs. ij, every half hour. Brandy and water occasionally, and to allay the great thirst, ice in small pieces in the mouth, which was very grateful to the patient. The injection continued when required. This treatment arrested the spasms, diarrhœa, and changed the evacuations entirely. We then hoped for a favorable issue, but did not consider the case free from danger. Early on Friday morning, evident symptoms of collapse came on, previous to which nutriment was given in such quantities as he could take. Stimulants were then freely used by the mouth, and by injection; the extremities were perseveringly rubbed with brandy, turpentine and cayenne, and chloroform in warm water was given every half hour; about the time collapse was supervening, the whole surface was affected with an almost intolerable itching that I never recollect seeing in any similar case. He gradually sank until 9 o'clock, P. M., when death terminated the case much to our regret."

Dr. William Hemphill Worthington reports at length, a case occurring in the borough of West Chester, on the 29th of July. He was a colored man of very intemperate habits, and 60 years of age. He had been laboring under a diarrhœa for several days. On the evening previous to his attack, he had partaken freely of cucumbers, oysters and hard cider. He was discovered in the morning of the 29th, about 8 o'clock with the cramps, vomiting and diarrhœa. He died that afternoon about 5 o'clock.

Dr. Isaac R. Walker, of Tredyffrin township, Chester coun

ty, reports two cases of cholérine, one of which took place in Radnor township, Delaware county. No particulars are given.

Dr. Hickman reports a case occurring in Easttown township, Chester county. It was a female in her 21st year. She did not reach the collapse, and recovered after a few days illness. The case is reported at length by the doctor.

These are the only written communications your committee have received upon this interesting subject.

In addition to these, however, we have had verbal reports of several cases, but are unable to mention the particular circumstances attending them.

Two cases occurred in the borough of West Chester, under the care of Dr. E. F. Rivinus. Both were colored; one a man, and the other a female child. Both died. The committee have received no particulars from the attending physician.

Dr. William D. Hartman also mentions a case, occurring in an elderly gentleman in the borough of West Chester, which recovered. It did not reach the state of collapse.

Dr. J. B. Brinton gives an account of a case occurring near the Brandywine, in Pennsbury township, Chester county. It was a female, and recovered. This case did not reach the collapse.

Dr. B. Fussel also reported a case occurring under his notice in Pennsbury township, Chester county. This man came from the city of Philadelphia to attend the funeral of his wife who had died there from cholera, and was brought up for interment. Soon after his arrival, he was attacked with the same disease, and died in a short time.

The committee have learned, that twenty-one cases occurred in the borough of Chester, nine of which died. And in Marcus Hook there were five cases, two of which were fatal. We have not been able to collect any particulars in relation to these cases.

It is also stated, but we have no authentic information upon the subject, that three or four cases occurred in the vicinity of Rockdale, Delaware county.

These are all the statistics we have been able to collect upon this important subject; and we very much regret, that the reports are, with a few exceptions, so very meagre. It is on this account, that we are unable to ascertain what proportion of them are entitled to be classed as genuine cases of this disease. We presume, however, most of those returned, were well marked cases. Few of them, could be considered merely as diarrhoeas, which so generally preceded cholera, and have been designated cholérine. If all these cases were taken into

the account, it is evident, that the list would have been swelled to a much greater extent, for diarrhœas, accompanied with pains in the bowels, and occasionally in the extremities, were very prevalent throughout this district, during the cholera season.

As the principal object in raising this committee was, to collect all the cases of this disease, which should occur within the bounds of our society, we do not consider it relevant to our present purpose, to say any thing upon its nature, or the mode of treatment. We certainly, however, have reason to be thankful, that our community has suffered so little from this dreadful pestilence, which in many places in our own, as well as other lands, has spread a gloom of the deepest hue over the inhabitants. Far be it from us to boast of our exemption from its ravages. It seems to be governed by laws which are altogether unknown to human wisdom, and, it may yet find its way to our salubrious and happy abodes. It may yet scatter its desolations through our county, for its movements are mysterious, and as yet, its "ways are passed finding out."

All of which is respectfully submitted.

WILMER WORTHINGTON,
ISAAC R. WALKER,
R. H. SMITH.

ORIGINAL COMMUNICATIONS.

Origin and Proceedings of the Chester County Medical Society, continued—(1847 and 1848.)

On the 8th of June, 1847, in pursuance of a call made by the President of the Society, a meeting was held in the Chester County Cabinet of Natural Science—President, Dr. Wm. Darlington, in the chair—members present, Drs. Isaac Thomas, Wilmer Worthington, John B. Brinton, Isaac Pennington and C. W. Parish. The following new members were elected, viz:—Drs. E. F. Rivinus, John Kinsey, S. Harris, J. T. Huddleson, E. Harvey, S. H. Harry, Isaac R. Walker, C. R. Parke, J. P. Edge, W. W. Reese, Wm. D. Hartman, R. H. Smith and N. H. Clarke.

A Committee was appointed to revise the constitution and by-laws. Dr. Brinton resigned the office of treasurer, and Dr. Rivinus was elected to fill the vacancy.

A Committee was appointed to prepare a list of all the regularly educated physicians in Chester and Delaware counties.

At the meeting of Sept. 1st, Drs. W. W. Townsend, S. Stebbins, Jesse Coates, W. D. Downing and Jos. Hickman, were elected members. Amendments to the constitution were reported and committees appointed to prepare a code of ethics and a fee bill for the adoption of the society.

Resolutions were adopted seconding the recommendation of the "United States Medical Convention," for the adoption of measures to secure a general registration of marriages, births and deaths.

On Dec. 1st, Drs. A. Wills, D. D. King, J. P. Jefferis, H. Darlington, I. R. Hoskins, Wm. Davis and Wm. H. Tingley, were elected members.

The Committee to prepare a code of ethics reported that agreed upon by the National Convention, which was unanimously adopted.

The Committee to prepare a fee-bill reported one which was adopted.

Dr. Worthington offered the following preamble and resolutions, which were adopted.

WHEREAS, no State Medical Society exists in Pennsylvania; and believing that such an institution would greatly contribute to the advancement of medical knowledge within its bounds, therefore,

Resolved, That it is expedient to hold a convention at such time and place as may be hereafter agreed upon, in order to take this subject into consideration, and effect such a permanent organization as may be deemed best suited to accomplish the object in view.

Resolved, That the Corresponding Secretary be directed to forward a copy of these proceedings to the different medical schools and associations in the Commonwealth, and solicit their co-operation.

Drs. Worthington, Parish, Huddleson, Townsend and Harby, were appointed delegates to represent this society in said convention, with power to supply vacancies in their own body.

An address on medical education in the United States, by Dr. Stillé, was presented to the society by the author.

April 25th, 1848. The delegates appointed to attend the State Convention reported that they all attended except Drs. Huddleson and Worthington; the latter being prevented by indisposition, deputed Dr. Rivinus, who attended in his stead.

Drs. E. V. Dickey, Chas. P. Bye, Wm. Latta, A. Murphey, R. B. Dilworth and C. L. Seal, were elected members. Dr. Worthington delivered the annual address, which was published.

The following officers were elected for the ensuing year:—
PRESIDENT, Dr. William Darlington. VICE PRESIDENTS, Drs. Thomas and Harris. COR. SEC., Dr. C. W. Parish. REC. SEC. Dr. W. Worthington. TREASURER, Dr. E. F. Rivinus. ORATOR, C. W. Parish.

October 31st. Dr. Thomas, in pursuance of a former resolution made a report containing a list of all the practitioners of Medicine in Chester and Delaware counties.

Drs. Boyd and McClurg were elected members.

Dr. Worthington offered the following preamble and resolution, which were adopted.

WHEREAS, the subject of petitioning the legislature for a law to regulate and guard the practice of medicine in the State of Pennsylvania, will come before the State Society at its annual meeting in April next; and believing that a law establishing a State Medical Tribunal, to test the qualifications of those offering themselves as practitioners of medicine, would be conducive to the safety of human life, therefore

Resolved, That this society approve of the wholesome restraint such a law would impose, and will cordially co-operate with their professional brethren throughout the Commonwealth to procure its enactment, and with this view do hereby instruct their delegates to the State Society, to exert their influence in obtaining the sanction of that body to the object proposed.

Dr. Parish offered the following, which were adopted.

WHEREAS, when disease or accident disqualify physicians for attending to their professional duties, they are placed in circumstances of peculiar helplessness, and their families deprived of their only support—and Whereas it has been the wise policy of the members of various professions and occupations, to make provision for themselves and their families in the hour of adversity, with the happiest results, therefore

Resolved, That the delegates of this society to the State Society, be instructed to bring the matter before the convention, so as to secure prompt attention to it, and secure its accomplishment in the best and earliest manner.

Dr. Worthington offered the following, which was adopted.

WHEREAS, the Asiatic cholera, after passing over Asia and Europe, has recently made its appearance in England; and will in all human probability visit the United States—and Whereas, it is desirable to watch its course, and determine its character with as much accuracy as possible, therefore

Resolved, That a committee be appointed to have charge of this subject, and take such measures as they may deem proper to procure a full report of all the cases that shall occur in the

counties of Chester and Delaware, in case this singular and wide spreading epidemic should again make its appearance among us.

Drs. Worthington, Walker, Townsend, Harvey and Smith, were appointed in pursuance of the foregoing resolution.

Drs. Rivinus, Thomas and Hartman were appointed a committee to take such measures as they may deem proper to secure the passage of a law providing for the registration of births, marriages and deaths, in the State of Pennsylvania.

Case of Poisoning by Arsenic, communicated for the Medical Reporter.

At the last October term of the Court of Oyer and Terminer, of Chester county, Thomas Slyder was tried and convicted of the murder of Peter Cork. We furnish below, a brief account of the medical testimony given in the case, obtained from notes taken at the time by the counsel.

The post-mortem examination before the Coroner was made by Drs. M. Marshall and C. F. Carpenter.

Dr. C. F. Carpenter testified as follows:—"Examined the body; found symptoms uncommon in cases of natural death, but none of outward violence. We took out the stomach. Examined the other organs. The heart was larger than usual; very healthy. The lungs were congested with blood—one had been unhealthy sometime before, but not recent disease. Intestines generally healthy. Body warmer than usual, though the limbs were rigid."

"We took the stomach to Dr. Marshall's office and opened it; took out the liquid contents. Spots of a white substance on internal coat; also evidence of extensive action of an irritant poison. We took small portions of this white substance and found it to be white oxide of arsenic, without doubt. It was dried, put into a tube with black flux, and sublimed; chemical action resulted in the production of a ring of metal crystalized and polished. This is called arsenical ring. Afterwards the heat was extended and crystals formed which proved the presence of arsenic."

"We then took the contents of the stomach and evaporated. Poured distilled water on it, boiled and poured off several times. Precipitated it with hydrosulphuric acid, filtered and dried. This was sulphuret of arsenic. Sublimed this with black flux and again produced the metallic ring. Concluded after inquiry with several tests, that it was arsenic in the form

of arsenious acid. There were fumes somewhat like garlic in subliming metal, which I called arsenical fumes. Concluded that the death of Peter Cork was caused by the presence of white oxide of arsenic in the stomach. About half a pint of the contents were analysed and several, perhaps 5 grains, found in it. From 5 to 8 grains will kill an ordinary man. A man with his stomach in a condition like that of Peter's could not live, I think. The stomach was ulcerated inside, and covered in patches with this white substance. Arsenic destroys vitality of parts it touches, and causes sometimes inflammation, producing death in two or three days. It acts also on the heart, brain and lungs; and system in general. The external symptoms were exactly those of poison. A man suffering from poison perspires greatly. The appearance of the stomach could not be created after death by that poison. Arsenic is preservative after death. The body must be vital for arsenic to operate upon it."

"The flies died by tens of thousands in the office."

Upon cross-examination Dr. Carpenter said, "We did not dissect the heart or brain. We only examined the intestines externally, did not dissect them. We did not touch the spinal marrow, or examine the brain, nor the kidneys internally. The liver was rather enlarged. Examined both lungs by dissection; one was more healthy than the other; both congested to some extent. I do not know from experience that in every case I could tell from feeling whether there was sufficient ossification of valves of heart to be fatal, but I would think so."

"If the heart was diseased in an advanced stage, by enlargement, you can tell it at once by sight or feeling."

"I cannot say positively whether his heart was diseased or not; but it is my medical opinion that it was not."

"Disease of brain might be there, and I not know it. Diversity of diseases in that, or spinal marrow, might be fatal, without being able to determine what it was without internal examination, or in the kidneys. Can't say positively whether the man had disease of brain, kidneys, or spinal marrow, or not."

"From post-mortem examination could not come to the right cause of his death with absolute certainty. We had not arrived at a conclusion as to cause of his death, even after post-mortem examination. I could not say from post-mortem examination alone that arsenic killed the man. It is by the concurrence of symptoms after death and appearances on examination that we conclude that death was caused by arsenic. It is merely a medical opinion that he died of arsenic. A man

might die of disease of the heart, and the most accurate examination not decide which killed him. This man might have died, certainly of another fatal disease unknown to us."

Dr. Moses Marshall testified as follows:—"I made external examination of P. Cork, and found his mouth and eyes firmly closed, limbs rigid, little blood issuing from anus. We opened abdomen and thorax, and examined all the organs. Stomach diseased; the rest, for the most part, healthy. Heart healthy. Removed the stomach. Dr. Carpenter and I opened the stomach, and were forcibly struck, with the appearance of it. We removed a white substance from the internal coat of the stomach, which had been perforated. Mucous membrane was perforated in the neighborhood of the small white masses. We tested these masses and found them to be arsenic. We subjected them to hot charcoal. Evaporated the liquid portion, and put sulphuretted hydrogen through it; put black flux in, and again produced metallic arsenic. It was present in the stomach in sufficient quantity to produce death. I should think there were several grains in what we examined. There was sufficient to produce death, and it is my opinion that it did produce death. From three to five grains are sufficient to kill. Arsenic could not have been put there after death, I think."

On cross-examination Dr. Marshall said, "we only examined the heart externally. I think I did open the kidneys, perhaps not. One lobe of one lung was irritated somewhat. Examined body afterwards on suggestion of District Attorney. We were to examine the brain. It was two weeks after the first examination. The body was putrified extensively. We could not proceed it was so offensive. Did not take off the scalp. Arsenic preserves the parts to which it is applied. Did not examine heart internally. All organs unexamined are liable to fatal diseases. Cannot tell in all cases without dissection whether heart, brain or kidneys are diseased. Don't think Peter Cork's heart could have been diseased without my noticing it. I knew the man and think his heart was healthy. I cannot swear it had no disease. There was no enlargement of heart in this case. Ossification of valves is a slow process, and would have shown itself before death. Could not judge except by general appearance of system. There is rheumatism in heart, &c. Cannot tell whether this man had these diseases. A man might have disease of brain and be poisoned and die of brain disease. Apoplexy is sometimes rapid and sudden."

"The face of the deceased was not drawn to one side. His

mouth was firmly closed, and his features firm. The face is generally drawn to one side in the case of apoplexy."

Dr. John B. Brinton was also examined on the part of the Commonwealth, and testified to confessions made to him by the prisoner on Monday the 20th of June, three days after his commitment to prison, in which he admitted that "he purchased sixpence worth of arsenic, put it into a bottle with whiskey and gave Peter Cork two or three drinks of it."

On cross-examination, Dr. Brinton said, "I first saw the prisoner on Saturday (the 18th June) and don't know that any thing was the matter with him then. In all respects he was sound mentally and physically, so far as I can recollect. On Monday the 20th, he was in perfect health, between 7 and 8 o'clock, A. M., of body and mind in all respects. On that day I prescribed because his condition was changed. At 4 o'clock that afternoon Slyder was complaining; coating, &c., of tongue, various sighing, moaning, &c. Prescription, acetate morphia, grs. iii. white sugar, ℥ii. camphor-water ℥ss. and Hoffman's anodyne liq. ℥ii. m. Gave two teaspoonsful at first, and then one every hour until he slept. His pulse was frequent; can't say how frequent. There was some disorder of stomach; he was agitated and nervous. The agitation was voluntary, so far as I could discover. My impression was that it was through fear of punishment. On Tuesday the 21st., I prescribed the following. Old opium, grs. ii. calomel grs. ii., and excluded the light. On Wednesday the 22nd I gave him lac assafoetida, ℥iii, laudanum, ℥ss, syr. simple, ℥ss, and liq. Hoffman's anodyne, ℥vi. m. Saw him on Thursday and Friday, but did not prescribe anything further. I do give it as my opinion that he had at no time an attack of delirium tremens."

Dr. Brinton also testified that on the morning he made the confession he examined carefully Thomas Slyder and could not discover that anything was the matter with him. He made no prescription for him.

The counsel for the defence endeavored to prove by several witnesses, that at, or near the time of making these confessions, the prisoner exhibited symptoms of delirium tremens, and hence these confessions ought not to be relied upon.

Mr. Peterman, the keeper of the prison, testified that "Slyder came to prison on the 17th of June. On Sunday, the 19th, he saw him, when he complained of being unwell, and asked for liquor, which he gave him. Saw him again on Monday the 20th; he was nervous, complained and craved liquor. On Tuesday morning the 21st, found the spigot

broken, and about six inches of water in the cell. Prisoner was afraid and said he saw a gallows outside and many things. Said he saw devils with tails, and people dancing; carried his bed about with him; pushed against the wall, saying it was falling on him, and he tried to hold it up. On Monday at 1 o'clock, P. M., he was talking to himself. He behaved like a man who had delirium tremens. Monday at 1 o'clock, Tuesday and Wednesday he was not sane nor fit to talk to."

The Rev. Dr. Balch testified to visiting "the prisoner on Tuesday, possibly Wednesday after he was put in prison, about 4½ o'clock; P. M. He was very much excited physically and mentally. Said little to him then; read scriptures and prayed with him. His whole body, especially his arms, very much affected."

Joseph P. Wilson, Esq., testified that he visited the prisoner, by invitation of Mr Peterman, on Saturday morning the 18th of June, and found him in such a situation that he said to him, "I consider you unfit to talk about the crime; and you had better not say anything about it." "He said he had been drinking to excess for several days. I think on A. M., of Monday; I called to see him in accordance with promise; I considered him unfit to talk to, and said not a word of crime. He spoke to me of something that troubled him, that persons were hallooing to him continually through the grated window. He was under the impression that somebody would hurt him personally. I had no doubt at all that he had delirium tremens. He was in a nervous condition. He sat down, striving to hold himself still, but was constantly trembling."

The jury retired under the charge of the Court on Saturday at 5 o'clock, P. M., and returned with a verdict of murder in the *second degree* at 2 o'clock, A. M., on Wednesday morning.

W. W.

"Transactions of the Medical Society of Pennsylvania at its Annual Session, held in Philadelphia, May, 1853. Vol. 3—pp. 127."

The present volume of "Transactions," at least maintains the reputation gained by the preceding issues of the Society. The reports from the county societies, from the more limited prevalence of epidemic diseases, are generally shorter than those of former years, yet in details of interest and importance they will not suffer by a comparison with any heretofore embodied in the "Transactions." The most striking feature

of the reports is the almost complete exemption they indicate of the counties represented, from any extensive or fatal epidemic visitation. Except dysentery of Delaware county, rubeola in Huntingdon, and puerperal fever in Montgomery, no really epidemic diseases are reported. All the forms of zymotic disease appear to have existed, sporadically, to a very limited extent in the several districts represented. They have generally been amenable to appropriate treatment and have exhibited a small degree of fatality.

It is a source of regret that so large a number of the counties have failed to organize societies, and co-operate with the State Society in the advancement of the best interests of the profession and the welfare of the public. Out of sixty-four counties, it appears that but eighteen, viz: Allegheny, Berks, Blair, Bradford, Bucks, Cambria, Chester, Delaware, Erie, Huntingdon, Lancaster, Lycoming, Mifflin, Montgomery, Northampton, Philadelphia, Schuylkill and Susquehanna, were represented in the late meeting of the State Society. That in a movement to which it would seem impossible to raise a single objection, and which is calculated to elevate the profession and fortify it against the attacks of the whole host of quacks, so large a body of respectable physicians should manifest such utter indifference is truly surprising. It must not be inferred that, in the counties enumerated as having formed societies, the profession is wholly exempt from this illiberal spirit, for in all, a large number, and in some even a majority, of the profession, stand aloof from the organizations, apparently forgetting that it is the duty of even the humblest members of a liberal calling to contribute what they can to the general good.

The address of the President of the Society, Dr. Hiram Corson, has been made the subject of considerable animadversion, but we think without just cause. The Society has made it the duty of the President "to deliver an address at the next meeting succeeding his election" and that he should speak his own sentiments is certainly what is expected and intended by the society. Dr. Corson saw fit to give his views in reference to what he deemed certain evils in the practice of medicine. That he did it plainly and forcibly all must admit, but that there was anything discourteous or unprofessional in his language, or that he attempted to pander to popular prejudice cannot with justice be alleged. He was addressing a conclave of medical men and if that is not a proper place to discuss freely evils, real or imaginary, in the practice of medicine, we should like to know where they may be discussed.

The address commences with an eloquent tribute to the memory of Dr. Isaac Parish. The purpose of our organization, its effect upon the best interest of the profession are alluded to. The attacks of the Protean forms of charlatanism are aptly compared to the obstacles that met the gaze of the Puritans. "They quicken our energies—they increase our diligence in study and research—they cause us, by their defamation of our modes of cure, to examine carefully our practice and its results; to watch over our deportment, subdue our arrogance and increase our kindness toward the poor. Yea, they have aided to silence our strife and gather us into fraternal associations throughout the whole Union." The important part that chemistry plays in all vital actions, is dwelt upon at considerable length, and the necessity of a higher cultivation of the science by the profession, forcibly urged. The subject of the preliminary education of medical students comes in for a share of attention, and while insisting upon a high standard, asks that the really meritorious and aspiring be not rejected though the *polish* of a classical education may have been beyond their means. The examples of Franklin, Rittenhouse, Civiale, Velpeau and the elder Parrish are eloquently referred to.

The employment of alcoholic stimulants by the profession forms the concluding theme of the address, and their entire prohibition is forcibly and eloquently urged. We apprehend that until the great body of physicians are better satisfied than at present, that there exist reliable substitutes for this important class of remedies, they will be slow about adopting the *exclusive*, yet philanthropic views of the Doctor.

Though, as we have already intimated, a few points in the address will doubtless be objected to, yet, as a whole, it cannot but be acceptable to the profession as the honest production of a vigorous and practical mind.

Following the reports is a paper "On Vaccination, Small Pox and Varioloid," by Dr. Gemmill, of Huntingdon co., detailing eight cases of distinct small pox in thirty one vaccinations, with a scab received from a medical friend with the assurance that "if the matter do not prove perfectly satisfactory I shall be at a loss to know the reason."

Appended to the "Transactions" is a circular from Dr. Atlee, of Lancaster, Chairman of the Committee of the American Medical Association, on the epidemics of the Middle States. He appeals "to physicians throughout the State, to co-operate with him in furthering the objects of his appoint-

ment, by communicating to him, by the 1st of February each year, the history of all epidemic diseases which may have prevailed during the one preceding; together with any observations which may, directly or indirectly, have a bearing upon this subject." The duty is an important one, and should receive the careful attention of every physician.

From the published proceedings of the Society it does not appear that application has ever been made to the Legislature for an appropriation to enable the Society to bring its Transactions properly before the public. A moment's reflection ought to satisfy every one that such a request is highly proper, and should receive the prompt attention of the Legislature. They are the conservators of the public good; and who more than the public are to be benefitted by the results embodied in the Transactions of the Society? Is it not enough that physicians, with a disinterestedness that scarcely finds a parallel, incur the expense of attending the annual meetings, and the loss incident to absence from business for the sole purpose of advancing knowledge upon subjects of vital importance to the welfare of the community, without having saddled upon them the expense of publishing their results, and bringing them properly before the public. Such aid to medical institutions is by no means unusual. The governments of Europe, keenly alive to their importance have bestowed it freely, and are continually offering large prizes for dissertations upon medical subjects. To this liberal policy must in part be ascribed the high standard of foreign medical literature. Nor is the practice altogether new in this country; in one State at least, (New York,) the Transactions of the Medical Society are regularly published by the Legislature, as a public document. Such aid on the part of our own State and the early publication of a complete geological chart of the State would enable the Medical Society to extend its labors, and in a few years accumulate a mass of accurate information of incalculable importance to the health and prosperity of the whole community.

J. P.

Syrup of Elderberries, (Sambucus Canadensis) as a substitute for the Compound Syrup of Sarsaparilla, by William H. Worthington, M. D., of West Chester, Pa.

There being much dissatisfaction attending the use of the Compound Syrup of Sarsaparilla in the hands of some physicians; the Syrup of Elderberries was recommended to my

notice, by Dr. Benjamin H. Stratton, of Mount Holly, N. J., who for some years has been in the habit of using it in all cases of disease, in which an alterative action upon the system was desired, and for which, the sarsaparilla is usually employed. In the treatment of gout, chronic rheumatism, eruptive and syphilitic affections, he has used it combined with the iodide of potassium, with marked benefit. The formula used by him is the following:

R. Juice of Elderberries, Ovj.
 Sugar Crystal, ℥xvj.

Mix and boil to a syrup; after allowing it to cool, add to every pint of syrup, one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, from a dessert to a table spoonful three times a day.

Flattering myself that an improvement could be made in the preparation of the above syrup without injury, I have prepared a compound syrup of elderberries, containing some, if not all of the most active ingredients of the compound syrup of sarsaparilla; (*Guaiaci lignum* and *Sennæ fol.*,) by this means as I think, increasing the alterative virtues of the syrup, giving it a more marked and active character in the treatment of gout, rheumatism, &c., than it possessed without them. To this syrup may be added the iodide of potassium to suit the views of those prescribing. Our formula is as follows:

R. Juice of Elderberries, Ovj.
 Sugar Crystal, ℥xvj.
 Guaiacum wood, ℥iv.
 Senna leaves, ℥iii.

Put the sennæ fol. and the guaiac. lig. in three pints of water, boiling it down one half, and strain. Put the juice and sugar in a kettle, place it on the fire and when it has come to a boil, add the decoction of guaiac. lig. and sennæ fol., allow it to boil to a syrup, when it must be taken off strained and let cool. To every pint of syrup add one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose. The same as preceding.

The syrup of elderberries is given to the profession, chiefly upon the recommendation of Dr. Stratton, whose skill and experience as a practitioner, is entitled to the confidence of his medical brethren. If as he believes, it possesses more certain and prompt remedial virtues as an alterative, than sarsaparilla, it ought to be added to our catalogue of officinal

articles. The difficulty of obtaining at all times, good sarsaparilla, and especially in the country, increases the claims of this syrup upon our rural practitioners, who can command with facility, and in great abundance, the material for its preparation.

EDITORIAL.

REGISTRATION—The registration of births, marriages and deaths, is a matter of so much importance to the best interests of man, that we feel no little surprise, it should meet with opposition, either in or out of the profession. It was one of the subjects which engaged the early attention of the American Medical Association, and a number of the State governments, have in obedience to their recommendation, passed laws for the purpose of accomplishing the great objects to be attained by this measure. The Medical Society of the State of Pennsylvania, united with the profession generally, in pressing the passage of a law upon our Legislature, until it was obtained. This act, although not so perfect as we could wish, yet, embraces all that is requisite to render it successful, provided, physicians and others, would give their aid to its faithful execution.

We would not attempt to enumerate the benefits which this law, properly carried out, would produce; neither do we conceive any extended remarks on this point at all necessary; but we would earnestly call the attention of our State Legislature which is about to assemble, to the propriety of leaving this law undisturbed until ample time should be given for fairly testing its value. Last year, a law was passed through the Senate repealing it; but fortunately, it was arrested in the House. We are not informed, that any petition was presented to the Senate asking for its repeal, and we are at a loss to conceive why any effort should be made to remove it so unceremoniously from our statute book. The state has incurred an expense of fifteen thousand dollars to procure books for the purpose of recording the information obtained under the provisions of this law; and numerous physicians have expended

several dollars each, in the purchase of books to keep their records in, and yet, there seems to be a desire on the part of some to repeal the law in the very dawn of its existence, and permit all these expenditures to be rendered useless.

It has been said by those competent to form a correct estimate of the value of this law, that "the interests connected with the three important eras of human life—birth, marriage and death—render it apparent, on the slightest reflection, that upon the circumstances connected with them are dependent, to a very great extent, the physical, moral and civil condition of the human family; and that a knowledge of these circumstances is necessary for a full comprehension of important means for the certain advancement of the population of States in prosperity and civilization."

Without a registration law how can we ever obtain a knowledge of the facts and circumstances which can elucidate this subject? In order to prevent the spread of disease in particular localities, we must know the kind of maladies incident to those situations. To preserve the health, and prolong the life of those engaged in any particular trade or profession, we should know what diseases are most fatal to each; and this can only be learned from such a record as this law procures.

These, with a hundred other benefits, which would flow from the continuance and observance of this law, strongly appeal to the philanthropist in its behalf. No one can justly complain that it is burdensome. It works no injury; and enjoins but little labor upon those who are required to make returns under its provisions. Physicians, least of all, should ask for its repeal. It was through their united and earnest demands for its enactment, that it has been adopted; and wherever you find a disinterested and genuine love for the science of medicine, you will find an advocate for this, or a similar law.

POST-MORTEM EXAMINATIONS BEFORE CORONERS.—In making a few remarks upon this subject, we have no intention to give them a personal application; but we are induced to believe, that a word of advice to our medical brethren, who shall

in future, be called upon to make dissections for judicial purposes, may not be altogether misplaced. On several occasions we have known an attempt to be made by the Counsel to raise a doubt in the minds of the jury, of the cause of death, because the physician making the examination, had not inspected all the vital organs. We have reason to believe, that in some instances, they have been so far successful, as to change very materially the character of the verdict.

The responsibility which rests upon a physician under such circumstances, is very great; and he should therefore, be well posted up in his duties, when called upon to inquire into the cause of death. He should leave nothing undone, which would in any manner throw light upon the subject. He should never forget on the one hand that the life of a human being may be suspended upon his decision; while on the other, the demands of a violated law, and the ends of public justice may be thwarted by his carelessness. Ignorance in these cases is no excuse; for the principles of medical jurisprudence are as well settled, as those of any other branch of our profession. We fear, however, it frequently happens, that this important subject is too much neglected as a part of our early medical education.

So far as we know, all our best writers on medical jurisprudence advise a thorough examination of the viscera contained in the three principal cavities of the body, the head, thorax and abdomen. Dr. Beck in his excellent treatise on this subject, very properly remarks that, "*in all our examinations, care must be taken, not to make wounds while we are examining for them, and we must not desist because we suppose that the cause of death is perfectly discovered in one or the other cavity; all of them should be inspected.*"

This advice, if strictly adhered to, would enable a physician when called to testify, to decide with unerring certainty the cause of death; and ingenious counsel would not be able to draw from them on cross-examination, the admission that death might have been produced from causes unknown to them. In every case then, where a judicial investigation is made, let

the physician explore every important part, so that when he is called to testify, he can say beyond the possibility of a doubt what was the cause of death, if that cause be within the reach of human knowledge. It is a reproach upon our profession to perform carelessly those duties which devolve upon the physician who is called upon to make these examinations; and if we would command the respect and confidence of the public, we must dispassionately, and with all the light which science affords, investigate these cases. Prejudice should exercise no control over us; the exhibition of the whole truth, as revealed by a careful investigation of each case, should be our only aim, and that without fear or favor.

The sixth volume of the Transactions of the American Medical Association has been published, and is ready for distribution. We have examined the volume, and find it one of the most important which has been issued under the auspices of that society. We earnestly commend it to our medical brethren, as worthy of a place in their libraries; and hope they will avail themselves of the earliest opportunity to obtain it.

CHOLERA.—This disease seems again to be approaching our shores from Europe. During the month of November, twenty-eight of the whole number of emigrant vessels which arrived at New York, had cholera on board. In these vessels carrying 13,762 passengers, 1,141 died previous to their arrival. The disease is prevailing in England. New Orleans is also suffering with a visitation of this fearful epidemic. It is altogether probable, it may assume an epidemic form in our country during the coming year.

EXCHANGES.—On the third page of the cover, will be found a list of those Journals which have been sent to us in exchange. For these favors, we return our sincere thanks, and especially to those who are punctual in conferring them. We hope our editorial brethren will continue to extend these professional courtesies to us, and we shall endeavor to reciprocate, to the extent of our humble abilities.

YELLOW FEVER IN PHILADELPHIA.--Through the kindness of our esteemed friend Dr. Wilson Jewell, we have been favored with the perusal of a full and satisfactory account of the "Yellow or Malignant Bilious Fever," which occurred in the vicinity of South street wharf in Philadelphia during the past summer. This account was written by Dr. Jewell, and read before the college of physicians, August 2nd, and September 7th, 1853. By an appendix attached to the report, we learn, that the account was subsequently brought up to October 7th, from which it appears there were 170 cases in the city from July 19th to October 7th, inclusive, a period of eighty days.

We deem the matter of sufficient interest to our readers, to make the following extracts.

"Of these, one hundred and seventy cases, one hundred and twenty-eight died; equivalent to 1 in every 1.42 hundreths, or 75 per cent.

One hundred and forty-seven of all the cases may be traced to a direct intercourse with the infected locality. Twenty-two are of doubtful or unknown origin; and one was contracted at the Lazarrett, while at work on board the ship Caledonia Brander, from New Orleans.

One hundred and eighteen were treated in private practice, twenty-four at the Pennsylvania hospital, eighteen at the Blockley hospital, seven at the Bush Hill or City hospital, and three at St. Joseph's.

Ninety, equal to 53 per cent. of the cases, were accompanied with black vomit; all of which died, with the exception of four. The genuineness of the discharge in one of these four cases has been doubted, as stated on page 27. As the discharge of black vomit from the stomach of a yellow fever patient has generally been considered a fatal symptom, we should always be inclined to question the character of the matter vomited where patients recover, who are said to have had black vomit, no matter how high the authority from which they emanate, unless it had first undergone a careful examination under the microscope, and then found to contain blood-corpuscles.

The greatest number of cases that occurred in any one day was ten; this happened on the 11th and also on the 19th of September.

The duration of the cases that proved fatal was from two to twenty-four days; the mean period was a fraction less than six days.

Ninety-three of all the cases that occurred were among males, and seventy-seven in females. That period of life which appeared most susceptible of the fever was between twenty and thirty; one-third of all the cases happened in this decade.

Out of the whole number of cases recorded, sixty-eight were born in the United States, sixty-two in Ireland, nineteen in Germany, eighteen in England, one in Scotland, one in France, and one in Spain.

In no instance have we learned that the fever has been communicated to others, by those laboring under the disease. At the Pennsylvania hospital the yellow fever cases were placed in the wards, promiscuously, with other patients, without any attempt to prevent intercourse between them; and not an individual, either among the patients, nurses or visitors, contracted the disease. The same immunity was observed at the Blockley, St. Joseph's and City hospitals. In private practice, although many of the cases were treated away from the infected locality, where they contracted the fever, we have not been able to hear, after the strictest inquiry, that the disease spread itself in any case beyond the individuals infected, although there was unrestrained intercourse between them and their friends. An evidence of the non-contagiousness of yellow fever, or in other words, that the poison which produces yellow fever is incapable of being generated in the body of the sick, so as to produce a similar disease in those attending upon them."

After stating the facts connected with the appearance and spread of the disease in the vicinity of South street wharf, Dr. Jewell draws the following conclusions:

1. That no disease of a malignant type was prevailing in our city previous to the arrival of the Mandarin.
2. That none of the seamen discharged from the Mandarin have sickened.
3. That none of the laborers employed in unloading the Mandarin have taken the disease.
4. That the fever did not develop itself until after the cargo was discharged; when, it is believed, the noxious emanations which had been latent in the hold, under the limbers of the vessel, had an opportunity (acted upon by certain exciting causes, as heat and moisture) to disseminate itself, and coming into contact with other elements of decomposition existing on shore and in the docks, soon poisoned the atmosphere of the immediate neighborhood where the barque lay moored.

5. That in no instance can the disease be traced to any individual, except among those who either visited or resided in the immediate vicinity of South and Lombard Street wharves.

6. In no case has the disease been communicated to any person visiting, or engaged in attendance upon the sick.

7. Up to this period, not a single instance can be met with, having its origin to the south of where the Mandarin lay last.

RECORD OF MEDICAL SCIENCE.

Alum as an Emetic in Narcotic Poisoning.

The acknowledged inefficiency of the usual emetic substances in cases of narcotic poisoning, will render the following case of C. D. Meigs's of interest to our readers, especially as the most of them live in situations in which it is at times difficult or even impossible to get the stomach pump in time to save life, more particularly as the above remedy is to be found in almost every house; it is taken from the Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, Vol. II, No. 1, 1853. Dr. Meigs was called on Saturday the 20th inst., at 2½ o'clock P. M., to see a young gentleman, between twenty-six and twenty-eight years of age, who, after a drinking frolic, had swallowed, two hours previously, one ounce of powdered opium with the view of destroying his life. A physician of his acquaintance who happened to be present when he swallowed the poison, immediately sent for thirty grains of sulphate of zinc, and gave it to him, but without its producing the slightest effort at vomiting. When Dr. Meigs saw the patient he was in a somnolent condition. One ounce of powdered alum was immediately procured, and one-half of it, mixed with a little syrup, was given to the patient, and followed in a few minutes by two or three tumblers of warm water, when copious vomiting ensued, by which a free discharge of the contents of the stomach was induced; after the patient had rested for a short period, the remainder of the alum, followed by two tumblers of warm water, was given, which caused renewed and free vomiting, by which Dr. Meigs presumes the opium was entirely thrown off. The patient still continued to be very sleepy, but entirely recovered from the effects of his rash act. Dr. M. considered this case worth relating, as evincing the very efficient emetic powers of the alum.

Enteric Fevers.

When the tongue is loaded and brown, and tympanitic condition of the abdomen, the emulsion of turpentine is a most valuable therapeutic agent. In this condition there is usually delirium, the secretion by the kidneys suspended, or very much diminished, and the skin either in a negative state, or dry and husky, the pulse small and frequent. Under such circumstances, the oil of turpentine in doses of fifteen drops in simple syrup, given every two or four hours, will prove highly valuable. To aid still further the depurators in throwing off the morbid poison freely diffused through the system, the solution of the chlorate of potass made by dissolving fifteen grains in half an ounce or convenient amount of water. This amount to be taken every four or six hours, followed by a glass of water, acidulated with a few drops of hydrochloric acid to neutralize the salt. The effects will be that the skin will become warm, the tongue will lose its dark shade, and the amount of urine will be largely increased. The capillary circulation will be increased and the depuratory powers of the kidneys largely promoted. By some it is thought that oxygen is also supplied to the blood by it. From our experience in the treatment of this form of fever we feel that we cannot too strongly urge the consideration of these subjects upon the attention of the profession. Quite a number of these cases were treated in this locality this season, in which, after the use of mercurials at first, these remedies, with the occasional use of pulv. ipecac. comp., constituted those upon which the chief reliance was placed, and in every case almost where the treatment was persisted in, a recovery followed.—*Io. Med. Jour.*

Chloroform in Colic.

Dr. Aran, of Paris, has found chloroform in doses of from ten to twenty drops a most excellent remedy in colic, particularly in lead colic. He asserts that 150 drops may be safely administered in twenty-four hours, as chloroform is quickly eliminated from the system.—*Virginia Med. and Surg. Journal.*

Colchicum in the Cerebral Symptoms of Scarlatina.

Drs. Babington and Hughes, after long experience, are convinced that when the brain symptoms, which are so generally fatal, supervene during the convalescence of children from scarlet fever, there is no remedy more efficacious than colchicum.—*Ditto.*

Of Cupping in Pneumonia of Young Children.

In a long article which M. Hervieux has published in *l'Union Médicale* under this head, he arrives at the following conclusions:

A large majority of authors advise the practice of local depletion in the pneumonia of infancy. Cupping is the best method of fulfilling this indication. It is preferable to venesection because it involves no danger of wounding a vessel, or of prostrating the patient; and it has the advantage over leeching of never causing serious hæmorrhage. It is perfectly innocuous, and enables the physician to abstract with mathematical accuracy the quantity of blood he desires.

Cups exert a revulsive action like blisters, without causing the ill effects of the latter. They are sufficient of themselves to jugulate primary lobular pneumonia, whether general or partial, and to induce resolution in primary lobar pneumonia. The secondary forms of pneumonia also are influenced in a salutary manner by cupping, since more or less complete resolution of pneumonia, complicating measles, whooping-cough, small-pox, and enteritis, has been obtained by this method.—*Virginia Med. and Surg. Journal.*

Erysipelas.

We learn (*Med. Gaz. of Russia*) that Dr. Spoerer has reduced the mortality of erysipelas almost to nothing, by constantly treating this disease by camphor, which he regards as its specific. The additional treatment consists in baths and lotions of warm water; a purgative in case of gastro-intestinal disorder; and a little opium if the patient is troubled with wakefulness. A sweat often announces the termination of the disease; but nothing is so favorable, as regards the prognosis, as a moistness of the tongue. Dr. Spoerer invokes statistics in support of his assertions. During seven years among 1400 patients with erysipelas at St. Mary's Hospital of St. Petersburg, the mortality of the disease, treated by the ordinary methods, was one in seven; during the last three years, while camphor has been employed, not more than one in sixty has been lost.—*Revue de Therapeutique.*

Warts.

Dr. Peez, of Wiesbaden, confirms the statement, made by several German practitioners, of the rapidly curative agency of the carbonate of magnesia in warts.—*Rev. Med. de Cayol.*

Tænia treated successfully by the Oil of Pumpkin Seeds.

Professor Henry S. Patterson, of Philadelphia has communicated in the Medical Examiner, a case of tænia cured by the use of an emulsion of pumpkin seeds. The species used, is the common pumpkin (*Cucurbita Pepo.*) They may be rubbed up with warm water or milk and sweetened, when they form a very pleasant emulsion; and this is the form in which they have generally been administered. The seeds abound in fixed oil, which is readily yielded on expression. It is clear, transparent, of a light brownish green color, with a slight oily odor, and a bland taste, similar to the oil of sweet almonds.

This oil was administered in a case of tænia, by Mr. John C. Lyons, under the advice of Professor Patterson with success. It was given in the following manner: The patient was required to fast rigidly for twenty-four hours; $\bar{3}$ ss. of the oil was then given in the morning, and in two hours $\bar{3}$ ss. more; in two hours after the last dose, $\bar{5}$ i. of castor oil was given, which purged freely, bringing away a considerable quantity of the worm.

Chapped Nipples.

The *Baume Chiron ou de Lausanne* is highly esteemed in France, as an application to chapped nipples and broken chilblains. Take of olive oil, $\bar{3}$ x.; Venice turpentine, $\bar{3}$ ij.; yellow wax, $\bar{3}$ j.; alkanet root, $\bar{3}$ ss.; boil together, strain, and add balsam of Peru, $\bar{5}$ ijss.; camphor, gr. x.; stir constantly until cold.—*Formulaire magistral.*

Ascites.

Dr. Raymond Falot recommends the decoction of digitalis ($\bar{3}$ ij. in a quart of water boiled down to a pint) as a fomentation, in cases of ascites complicated with gastro-intestinal irritation. The kidneys are affected as powerfully as when the remedy is administered internally.—*Rev. de Therap.*

Croup.

M. Trousseau praises the sulphate of copper as an emetic in croup, as recommended by Beringnier. This emetic appears to influence the pharynx more than the stomach, and the efforts it induces often detach the false membranes from the air-passages. M. Beringnier gives 2 or 3 grains, but M. Trousseau gives 10 grains, in two doses.—*Gaz. des Hopitaux.*

Veratrine in Rheumatism.

Some marvellous results have followed the use of veratrine in articular diseases. The trial was made by M. Trouseau, who gave the tenth of a grain in a pill the first day; two on the second; three on the third, and so on increasing the dose, one pill each day, until it reached six or seven. Its action appears to be most decided in breaking down the inflammatory action. It is maintained that it has anti-rheumatic virtues and from its influence over the pulse it may be found by further trial, to be a most valuable therapeutic agent in all these arthrodial affections.—*Iowa Med. Jour.*

Dysmenorrhœa.

In Germany the bi-borate of soda is used in conjunction with ergot, to produce uterine contraction, and alone to facilitate the excretion of the menstrual fluid. Dr. Bennett, of London, regards it as an important agent in fulfilling the latter indication, and employs the following formula in many cases of dysmenorrhœa: *R.* magnes. carbon. gr. v.; pulvis rhei. gr. ij.; sodæ biboratis, gr. x.; infusi columb. $\bar{3}$ j.; ter die summend.—*Med. Times and Gaz.*

Inunction in Scarlatina.

By DR. WALZ.—(British and Foreign Medico-Chirurgical Review.) Dr. Walz (Schmidt's Jahrbuch, April) has employed, after the manner of Schneemann, frictions with fat in 74 patients with scarlatina; all were cured. In 69 cases there was no desquamation; in 4 cases there was secondary dropsy, which was easily cured in one case by diaphoretics, in three by sulphur. The same treatment has been employed in measles.—[*Charleston Medical Journal and Review.*]

Humulus Lupulus as an Anti-periodic.

Dr. Godberry, of Mississippi, considers the humulus lupulus only second to quinia in anti-periodic powers, and he has checked intermittent fever through its agency after failing with quinia. He administers the remedy in infusion ($\bar{3}$ j. to Oj.) or as a tincture.—*Western Journal of Medicine.*

Sulphuric ether in Colic.

The editor of the Philadelphia Med. and Surgical Journal, Prof. Bryan, cured permanently a dangerous case of colic in a lady by the inhalation of sulphuric ether. Good chloroform would doubtless answer equally well in cases of spasmodic cholic.—*Ditto.*

BIOGRAPHICAL DEPARTMENT.

JOHN ROSS was born in Salisbury township, Bucks county, Pennsylvania, May 2nd, 1762. He was the son of John and Mary Ross. His father also was a physician. His grandfather, Thomas Ross, was born in the county of Tyrone, Ireland, in 1708, was educated a member of the Protestant Episcopal church, and came to America about the 20th year of his age. He settled in Bucks county, Pennsylvania, and becoming a member of the society of Friends, joined Buckingham meeting. In 1793 he became a member of Wrightstown monthly meeting. He soon became an approved *Minister* among Friends and visited their meetings in various places. Toward the close of 1783 he was drawn to visit the churches in Great Britain and Ireland, whither he sailed in the 4th month, 1784. He died at Holdgate, near the city of York, at the house of Lindley Murray, February 13th, 1786, in the 78th year of his age.

The subject of this notice received a plain English education; and with his brother Thomas learned the trade of a millwright. Soon after they were free, the brothers conferred together, and both resolved that they would not live by the laborious trade which they had learned; and thereupon JOHN went to study MEDICINE, and THOMAS studied LAW. Thomas was for many years one of the principal members of the Chester county bar. John Ross studied under a Dr. Derby, of New Jersey. He never graduated; yet by industry and close study, he soon acquired a very respectable standing in his profession. When he had finished his studies with Dr. Derby, he married Mrs. Catharine Jelfe, whose maiden name was Fitz Randolph, a daughter of Hartshorne and Ruth Fitz Randolph, of New Jersey. Shortly after this he removed to New Garden, in Chester county, Pennsylvania, and there commenced the practice of medicine; which he continued there for upwards of 35 years. In May, 1819 he removed to the State of Ohio. He died in Lebanon, Warren county, Ohio, on the 1st of July, 1820, according to his son's account, though his grandson says in September, 1823. His death was occasioned by a carbuncle on the back of his neck. He left 4 children—3 sons and one daughter. Two of the sons are dead. The survivors are Thomas R. Ross, his eldest son, a lawyer and formerly a member of Congress from Ohio; and a daughter (his youngest child) Mrs. Sarah R. Corwin, wife of the Hon. Thomas Corwin, of Ohio, now (1852) Secretary of the Treasury of the United States.

Dr. Ross was faithful, respectable and popular as a physician; as a citizen, high-minded and liberal; as a husband and parent, kind and affectionate; as a man, endowed with warm feelings and generous to a fault. His temperment was somewhat excitable and irascible, but promptly placable and calm again. He was fond of amusement and practical jokes; and before he left Chester county, became somewhat dissipated; but as a physician he was always respected, as well by his professional brethren as by the public; and as a man and neighbor was esteemed by all.

[The particulars of the foregoing sketch were furnished by his son Thomas R. Ross.]

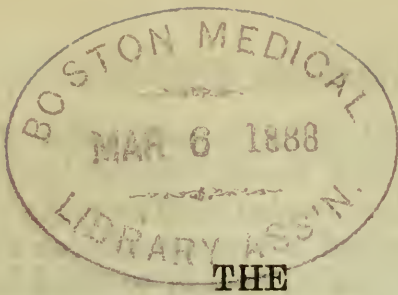
ROGER DAVIS was the son of Isaac Davis, and was born in Charlestown township, Chester county, on the 2nd day of October, 1762. His mother's name previous to marriage was Sophia North. She was a resident of Montgomery county. He received a good English education; and under the instruction of the Rev. Mr. Simonton, Pastor of the Valley Presbyterian church, he obtained an excellent knowledge of the Greek and Latin languages. He pursued his medical studies under the direction of Dr. Duffield, of Philadelphia, and attended three full courses of lectures at the University of Pennsylvania; though he took no degree.

About the year 1785 he commenced the practice of medicine in his native township, where he continued to reside until his death. He was married to Sarah Jones of the township of Heidelberg, Berks county, on the 10th of May, 1785. By this marriage he became the father of thirteen children, of whom four only are living (September 17th, 1852.) Two of his sons, Jones and Thomas Davis, are physicians, and reside in Montgomery county. His other surviving son, Isaac Morris Davis lives upon the farm where his father died. His daughter Maria Anderson, a widow, resides in the same township.

In the year 1809 he was chosen a Representative to the State Legislature, and served two years in that body. In 1811 he took his seat as a member of the Lower House of Congress, in which situation he served four years. He died of congestive fever on the 20th of November, 1815, aged 53 years.

Dr. R. Davis as a man was highly esteemed; as a physician, he was greatly beloved; as a husband and father, he was kind and affectionate. He died full of confidence and hope in the atoning sacrifice of Christ, leaving many warm friends to lament the loss they had sustained.

[The facts for this notice were furnished by his son Dr. T. Davis.]



MEDICAL REPORTER.

VOL. 1. NO. 4. APRIL, 1854.

PROCEEDINGS OF SOCIETIES.

Proceedings of the Delaware County Medical Society.

At a stated meeting of the Delaware County Medical Society, held at Media, November 22nd, 1853, the proper officers being absent, Dr. J. T. Huddleson was appointed President pro. tem.

Members present, Drs. Huddleson, Owen, R. K. Smith, R. H. Smith and Geo. Martin. Dr. Huddleson proposed Dr. Hillborn Darlington for membership; he was unanimously elected, paid one dollar, and signed the constitution. Dr. J. Owen proposed Dr. J. S. Hill for membership, and he was unanimously elected.

Dr. R. K. Smith presented a report on the proceedings of the New York State Medical Society, which was on motion, referred to the publishing committee.

Dr. R. K. Smith presented a copy of an address delivered before the New York State Medical Society by Dr. Clark.

Dr. R. K. Smith presented fourteen copies of the proceedings of the Medical Society of the State of Pennsylvania.

Dr. R. H. Smith presented an interesting specimen of rupture of the right ventricle of the heart.

Dr. Martin offered his resignation as Secretary of this association, and also, as a member of the editorial committee, which were accepted, and on motion, Dr. R. H. Smith was appointed Secretary, pro. tem.

On motion, *Resolved*, That the resignation of Dr. Martin be accepted, and that this Society furnish him with a certificate in which honorable mention shall be made of his connection with this Society, and a recommendation that he be admitted, to any other Medical Society to which he may apply.

On motion Dr. H. Darlington was appointed a member of the editorial committee.

On motion adjourned to meet at the Charter House, on the fourth Tuesday in February, 1854, at 2 o'clock, P. M.

Attest,

R. H. SMITH,
Sec'ry pro. tem.

The annual meeting of the Delaware County Medical Society was held at Media, on Tuesday, February 28th, 1854. The President Dr. S. A. Barton in the chair.

The following members were present; Drs. Barton, Robt. K. Smith, M. Emanuel, J. W. Griffith, Reuben H. Smith, C. J. Morton and C. S. Heysham.

The Treasurer, Dr. Emanuel presented his annual account, which was audited, found correct, and ordered to be filed.

Dr. C. J. Morton presented a number of Biographical sketches of deceased Physicians, which were referred to the editing committee for publication.

Dr. J. Siter Parke was proposed, and unanimously elected a member of the Society.

The following gentlemen were elected officers for the ensuing year.

President—Dr. Robt. K. Smith; Vice President—Dr. C. J. Morton; Treasurer—Dr. M. Emanuel; Rec. Secretary—Dr. C. S. Heysham; Cor. Secretary—Dr. J. Siter Parke.

Drs. Robt. K. Smith, Reuben H. Smith, S. A. Barton and C. J. Morton were elected delegates to the State Medical Society.

Drs. J. W. Griffith and John T. Huddleson were elected delegates to the National Medical Association.

Drs. Robt. K. Smith, C. J. Morton and C. S. Heysham, were appointed a committee to prepare the annual report for the State Society.

Drs. C. S. Heysham and C. J. Morton, were appointed the editing committee on the part of the Society.

A resolution was offered, altering the time of meeting, from the fourth Tuesday of the month, to the first Tuesday of Court week. On motion adjourned. Attest,

CHAS. S. HEYSHAM, Secretary.

Report of Dr. Robt. K. Smith to the Delaware County Medical Society.

The volume of transactions of the New York State Medical Society, submitted to me at your last meeting, for review and analysis—I have examined, and respectfully present the following report.

The first feature that arrests attention, is the active aid and encouragement, the medical profession receives from the New York legislature. By that body, the cost of the work and the printing has been defrayed, and accommodations for the meetings of the society furnished at the expense of the State in the Capitol buildings at Albany.

The statutory laws also, to some extent, throw around the physician and public, a shield of protection, from the abuses of the pretender and charlatan so grievous to the community and profession here. These I regard as great advantages both to the profession and people, and well worthy of emulation by every legislature in the Union.

The first article that appears as a part of the transactions of the New York Society, claiming critical attention, is a review of the objections to a law for the registration of births, deaths and marriages, by Dr. F. Tuthill.

In the examination, the writer describes registration to have originated with the ancient Jews, who religiously kept their public registers until their national destruction by the Romans. He speaks of the Romans as having adopted it some two thousand years ago; and its existence in Athens at a somewhat later period. England however has taken the lead in modern times, in full and minute registration: and he says that these vital statistics “have never been extensively employed, where sound principles of political economy were not recognised, nor entirely neglected where this science has been cultivated.”

The progress of registration is next traced in our own country, and many of the imperfections of existing laws pointed out. These mainly refer to a want of accuracy, hence the necessity of a system less liable to errors.

The objections to laws of this character, noticed, are that the espionage and inquisition necessary, can never be popular; that they are too costly; and that the most complete system can be of no practical utility.

These objections are answered by a reference to their usefulness. That they indicate a nations strength. They teach what occupations, a people, jealous of life, health, and happiness should foster, and what avoid. Whether marriage or

communism, is better, to people a world and maintain its condition.

To the statesman they are invaluable. Without them, forts, batteries, dockyards and public works have been located and abandoned, because the malarial poison has left no lives to guard them.

Life insurance companies, and all other organizations based upon the probabilities of human life, are to be credited to vital statistics. But the humiliating fact is presented, that all the calculations for our own country are taken from the English tables, notwithstanding the difference in latitude, habits and circumstances.

He proves them essential to our correct history; to the geographical description of our country; to the rights of freemen whose birthrights may be questioned—to jurists, in regulating the descent of property. To the hygienist, in determining the habits of climates and localities, governing diseases; the relative mortality of the sexes; and the age, habits, and employments of the deceased, as compared with the atmospheric phenomena of the season; thereby determining points of health in their relation to each other.

The writer exhibits how by these statistics, attention is awakened to the mortality in certain places—supposed to be healthy—; that thus local partialities are removed, nuisances abated, and deleterious practices and employments abandoned.

The objection to the expensiveness of the system is answered by showing that it cost the State of Massachusetts but \$4,000 in 1847, and that it would cost no more in New York in proportion to the inhabitants. The imperfections of the New York laws are pointed out, and improvements suggested. The State Medical Society is called upon to exert its corporate influence, to procure the perfect operation and permanence of such a law as shall secure to the medical philosopher the correct vital statistics of the State; and the paper throughout is the most able vindication of the system I have ever read.

I have been thus particular in reviewing this publication, because I think the subject is one that commends itself in an especial manner, to the medical profession of our own State. It is a subject well worthy the attention of our legislature, and the people at large. Our own law upon this subject is almost wholly inoperative, and useless, simply for the want of a penalty attached to its violation and a proper remuneration to those who are required to fulfill its provisions. I would suggest the propriety of such action on the part of this society as may impress our medical bretheren throughout the State with

its importance, and secure from the legislature those vital amendments, upon which its usefulness depends.

The second article is the history of a case of traumatic diffused aneurism in which the subclavian artery was tied and the case treated successfully. It is by Dr. Wm. H. Van Buren.

In this paper Dr. Van Buren has collected some valuable statistical data, in reference to this subject. The case itself is not one of extraordinary interest. The Dr. has collected one hundred and one cases in which the operation was performed. In eighty-six cases the operation was performed on the external portion of the artery: fifty-three were successful.—Eight of the operations were within the sealeni muscles—all fatal. Three of the operations were between them—one fatal. Four ligatures were applied below the clavicle—one fatal. Making an average fatality of forty-two, and one half per cent.

The deductions from these statistics, and those published by Dr. Norris, in 1845, are, that the operation on the external portion of the artery is the most successful; and that improvements in surgical practice in the last seven years has decreased the aggregate mortality in this operation more than five per cent.

No. 3 is a paper by Harvey L. Peet, L. L. D., President of the New York institution for the instruction of deaf mutes. The title is, "Statistics of the Deaf and Dumb."

This paper exhibits statistics showing the proportion to the population in the United States in 1850 to be one in twenty-one hundred and fifty-two. That the ratio of deaf and dumb is greater in whites than negroes, and of blindness in the latter. Insanity is shown to be more prevalent than idiocy among whites and the reverse among blacks. The writer thinks deafness both hereditary and epidemic to some extent. And that the epidemic character may be traced to the prevalence of scarlatina, measles, small pox, and other diseases when the deafness is accidental, as well as to maternal anxiety from the existence of war or other causes where the disease is congenital.

In quoting this view I am not to be understood as endorsing it.

Of the probabilities of the cure of deafness, he says, that in a deaf mute a cure spontaneously or otherwise hardly happens once in ten thousand cases. That in most of the cases the auditory nerves are paralysed, are dead; "and medical means have no effect on the dead." That among all the pre-

tenders and curers of deafness—with which Quackdom abounds, he never yet knew or heard of an authentic case of cure. And believes that the means usually resorted to are hurtful.

The paper closes with his views in regard to the education and improvement of this class of persons, and is interesting both to the physician and philanthropist.

The article of Dr. Burwell of Buffalo, “on the use of Chloroform in Midwifery” is the next subject in order.

The paper is a history of his experience in its use; and comparative views of its effects in one hundred and eighty cases, wherein it was administered under his own supervision. I do not discover in this paper, matter of extraordinary interest, unless it be the unusual care and watchfulness the Dr. has manifested in its exhibition. It may nevertheless be proper for me to present an abstract of this paper for your consideration.—Dr. Burwell regards the propriety of giving chloroform in midwifery, in ordinary cases, and doses, as established: and says that in the one hundred and eighty cases, decided relief was obtained in one hundred and twenty-two; the relief was moderate in fifty-five; and in three cases where there was none; one could not be induced to inhale it properly, one appeared not susceptible to its influence, and the third terminated in the birth of the child before the remedy appeared to affect her. The average length of time the patients were kept under its influence was one hour, and the longest period fourteen and a half hours.

The contra-indications to its use are, feverish symptoms, rapid pulse, diseased lungs, organic or functional disease of the heart, accelerated or diminished frequency of the pulse under its operation, and where the patient cannot or will not breathe it properly or freely, and fails to experience the relief the remedy usually affords. The remedy is never urged upon a patient who objects, or whose husband objects to its use. The effect of the agent upon mother and child has been considered; and his experience leads him to the conclusion, that in neither case, has he ever witnessed from it, anything in the slightest degree deleterious. Dr. B's plan of giving chloroform is to commence with the smallest doses, never to exceed a drachm at a dose, or half an ounce within an hour. He usually applies it at the first evidence of every pain, and four or five inhalations answers the purpose. He remarks that the good effects of chloroform are generally obtained without producing complete insensibility, and that he does not often push it farther than a partial loss of consciousness, a momentary insensibility, or a

temporary delirium. The patient, when under its beneficial influence, can answer questions correctly, obey directions, and moan and cry with every recurrence of pain, yet be entirely blunted to any feeling of suffering. He says that nearly all that inhale chloroform lie with the eyes shut, and although perfectly sensible, show but little disposition to open them, even when answering questions. He thinks that without this symptom, he does not find his patients relieved by it. What is singular in its operation is, that where there is no greater insensibility produced than in the condition above described, or where there is apparent *mental* sensibility, the patient, after the effect has disappeared, has no recollection whatever of either the circumstances that transpired or of suffering.

The doses of chloroform used by Dr. Burwell are fifteen to twenty drops for a small dose, thirty drops a medium dose, and a drachm a full or extraordinary dose. His method of administration is to use a piece of silk oilcloth, with a piece of sponge stitched upon the centre of it, only large enough to absorb a drachm of the liquid. The chloroform to be given is poured upon the sponge, and the patient is required to inhale it through the mouth, without permitting it to touch the lips, at the same time having the silk spread lightly over the face, so as not to exclude the admission of air. His conclusions are, that chloroform gives great and satisfactory relief from pain, but that it does not assist in the dilation of the os. uteri and perineum, in the promotion of the secretions of the vagina, nor otherwise facilitate the progress of the labor.

The fifth article is a paper "On the pathology of Brights disease," by Dr. Swett, of the New York Hospital. I do not discover any new or important fact developed in this paper. Dr. S. gives the history and pathology of a few cases that occurred at the N. Y. Hospital, from which he is led to sustain the views advanced by modern pathologists, that the different varieties of Brights proceed from a fatty degeneracy of the epithelial cells and tubuli of the kidneys, but that the microscope shows that the fatty matter, even when it exists, is not always to be found in the urine.

Article 6th is "A report on Diptheritic Croup," by Dr. Morgan Snyder.

The report above mentioned describes a form of croupal disease, which Dr. Snyder calls diptheritis. He derives the name from a variety of diseases described by M. Bretonneau, characterized by the formation of false membrane, and involving the mucous and dermoid tissues. In reviewing this paper I am unable to discover anything new, and doubt very

much the utility of multiplying names for diseases already sufficiently defined for all practical purposes. The two most important points in the paper concern the treatment. He thinks that in plastic croup the principal hope is in producing a speedy mercurial action in the child's system, which can be done by confining the child under a sheet with about a scruple of burning cinnabar upon a red hot brick, so as to compel it to inhale and absorb the vapor. The other point in the treatment is the use of nit. argent as a local application of the strength, in solution, of forty to eighty grs. to the ounce of water.

The address of Dr. Ormsby, which is next in order, is chiefly interesting as an historical paper. It gives a brief history of the hospitals of the country.

Dr. Caleb Green's address before the Courtland county Medical Society, is the eighth article, and is a well written lecture upon the value, dignity, and responsibility of our profession, and ought to be extensively circulated.

The ninth article is a reply, by Dr. P. Van Buren, to some strictures in Dr. Peet's essay on the education of the deaf and dumb, and is simply a matter involving the propriety of the views of the two gentlemen, and possesses little that will interest this society.

The next in order of succession is a lecture by Dr. John M'Call, before the Utica Medical Society. It appears to be devoted to an investigation of the progress and advancement of medical science during the last half century.

Every physician of experience and studious habits at the present day, is amply certified that medical science has, within that period, been advancing and improving. But Dr. M'Call has failed to show, in this communication, anything worthy a place in the transactions of the State Society, and nothing that even repays the reader for the trouble of its perusal.

The greatest curiosity in the book—and I venture to say, the most singular production that has, for a long time, appeared upon any scientific subject—is a voluminous paper by Dr. Thos. Spencer, upon "The atomic theory of life and vital heat, vegetable and animal, as balanced by the agency of water."

I have, as seriously and patiently as I could, under the circumstances, endeavored to analyze this theory, with a view of presenting something new for your consideration, and have arisen from the task with a confused vision of words, sentences, chemical symbols, medical terms, figures and hieroglyphics, which completely realized to my mind the Scotchman's defini-

tion of Metaphysics—"That when two men talk thegither, and one dinna ken what the ither means and the ither dinna ken what he means himsel, that is Metaphysics." I think the Doctor has tumbled into Scotch Metaphysics. At all events, I plead guilty to a want of ability that would enable me to present the views of this theory, or elucidate its merits. I can neither unveil its beauties nor unravel its mysteries. I confess myself totally unable to present to this society a review of this work, simply because I do not understand it.

The transactions close with the address of the president, Dr. Clark, before the members of the Society and the legislature. The subject of the address is the "Claims of the Medical profession," which have been portrayed with the pencil of a master. I regard it as the proudest jewel that adorns the volume, and would be glad if every intelligent man would carefully read it. I would respectfully present this society a copy, and recommend that it be read before its members.

R. K. SMITH, Com.

ORIGINAL COMMUNICATIONS.

Origin and Proceedings of the Chester County Medical Society—continued. 1849 and 1850.

At the meeting of May 1st, 1849, Drs. A. K. Gaston, A. Z. Bardin, D. B. Bardin and Wm. H. Worthington, were elected members.

A committee was appointed to collect statistics in relation to the prevalence of small pox and varioloid during the past and present years, within the bounds of the Society.

The following officers were elected:—PRESIDENT—Dr. Wm. Darlington; VICE PRES'TS—Drs. Thomas and W. Worthington; COR. SEC.—Dr. Parish; REC. SEC.—Dr. W. H. Worthington; TREASURER—Dr. E. F. Rivinus; ORATOR—Dr. S. Stebbins.

Dr. Parish delivered the annual address, for which the thanks of the Society were presented, and a copy obtained for publication.

At the meeting of October 30th, Dr. W. Worthington offered the following preamble and resolutions, which were unanimously adopted.

Whereas, The Almighty ruler of events, in his wisdom, has thought proper to remove from our midst one of our earliest and most respected members, therefore,

RESOLVED, That Dr. Isaac Pennington, who terminated this life on the 6th of May last, was reputed among us as a skillful physician and upright citizen, enjoying in a high degree our confidence and esteem.

RESOLVED, That with reverence and submission we mingle our condolence with others, in the severe dispensation which has deprived our Society of a worthy member, his friends of their medical adviser, and his family of a kind husband and an affectionate father.

RESOLVED, That a person be appointed to prepare a biographical notice of the deceased, to be reported to the Society and preserved among its proceedings.

RESOLVED, That a copy of these resolutions be presented to the family of the deceased.

Dr. W. Worthington was appointed to prepare a biographical notice, in pursuance of the foregoing resolution.

Drs. W. Worthington, Thomas, Harry, Fussel, and Hickman were appointed a committee to confer with the *Directors of the Poor*, in regard to the present mode of procuring medical attendance at the Chester County Poor House, and also in relation to compensation for attendance upon "out-door paupers."

Dr. Smith offered a similar resolution in relation to the Delaware County Poor House, which was adopted, and Drs. Smith, Huddleson, Harvey and Hoskins appointed the committee.

Dr. Hartman was appointed to prepare a biographical notice of the late Dr. Joseph Griffith.

Drs. Sharpless, Rivinus, A. Z. Bardin and A. K. Gaston were appointed delegates to the National Medical Association to meet at Cincinnati in May next.

Drs. Fussel, Parish, W. Worthington, Thomas, Hartman, Hickman, Townsend, Smith and Walker were appointed delegates to the State Society.

An adjourned meeting was held at Chatham on the 27th of November. Dr. J. T. Hutton was duly elected a member of the Society.

The following resolutions were adopted, viz:

RESOLVED, That the establishment of a Pathological Department, under the auspices and control of the Medical Society of the State of Pennsylvania, for the collection and preservation of morbid specimens, would be conducive to the advancement of medical science, and strengthen the ties that bind together the members of our profession, in the various sections of the State.

RESOLVED, That our delegates to the State Society be instructed to bring this subject before their next annual meeting, in such a manner as will best secure earnest attention to it, and if approved by the Society, to ask the adoption of the necessary measures to carry it speedily into operation.

April 30th, 1850.—Society met at West Chester.

The committee in reference to small pox and varioloid reported "that thirteen cases of small pox and seventeen of varioloid were reported to them. Of the thirteen cases of small pox, six occurred in unprotected persons, six in those who had been vaccinated, and one in a man aged fifty, who was inoculated in early life, and who, according to his own statement, took small pox several years after. This is reported as a very severe case of the confluent form of the disease. With one other exception, the cases were all of the distinct form and mild.

Of the seventeen cases of varioloid, eight occurred in persons who had been vaccinated while young; of the other nine no account is given. In all the families in which the disease in either of its forms appeared, the unprotected persons were vaccinated, and all escaped the infection.

The committee on cholera submitted a report. [The report was published in the last number of the Reporter.]

The committee appointed in Oct. last, to confer with the *Directors of the Poor*, submitted the following report, which was unanimously adopted. [The report is hereunto appended.*]

On motion of Dr. Parish, such members of the Society as may be induced to employ anæsthetic agents in their obstetrical practice, were requested to report all such cases—specifying the agent used, the mode of its administration and its effects minutely, with any remarks they may think proper.

Dr. Stebbins delivered the annual address, for which the thanks of the Society were presented.

Drs. C. E. Coates, C. S. Heysham, S. A. Ogier, F. W. Heckel, sen., F. W. Heckel, jr., Jacob Pennypacker, I. A. Pennypacker, Joseph Gaston and E. Brooks were duly elected members of the Society.

On motion it was resolved, that all physicians within the bounds of this society, whether members thereof or not, be requested to keep such a record of their cases as will enable

* The report was published at the time in the county papers by direction of the Society, but is inserted here as a matter of history.

them to furnish reports at the close of each year, respecting the state of health, the medical topography, the occurrence and progress of contagious and epidemic diseases within their respective limits, and such other medical intelligence as may be of importance to the State Society.

Drs. W. Worthington, Thomas, Brinton, Walker and Murphey were appointed a standing committee to receive these reports, and present them to the Society in such a form as will best enable it to make out a full report to the State Society.

The officers of last year were re-elected. Dr. Harry was appointed to deliver the address.

An adjourned meeting was held at Coatesville, June 15th.

Dr. Gaston offered the following preamble and resolution, which were adopted:

Whereas, the attention of this Society has been called to a communication in the Register & Examiner, signed M. D., purporting to present a series of objections to the report adopted and published by this Society, in relation to the medical attendance at the Chester county Poor House, therefore,

RESOLVED, That it is due to this Society and its committee to correct the positive mis-statements and disingenuous representations of said communication, and that a committee of three be appointed to prepare, and publish in the county papers, a true exposé of the spirit and intent of the report in relation to this subject.

Medical Attendance at the Chester County Poor House.

The committee appointed by the Chester County Medical Society, at its semi-annual meeting in October last, "to confer with the Directors of the Poor in regard to the present mode of procuring medical attendance at the Chester county Poor House; and also, in relation to compensation for attendance upon those paupers who are under their care, but do not reside within the house,"

REPORT:—That at the first regular meeting held by the Directors after our appointment, to wit: on the third Tuesday of November, four of our members attended in person, and laid before them a copy of the resolution under which we acted, together with a verbal but distinct statement of the plan previously agreed upon, for re-organizing the medical department of the house. This proposition seemed to strike the Board with much favor, and was responded to by the Board through their senior member, expressing their thanks to the Medical

Society for the kind interest it manifested towards the institution over which they presided, and declaring their intention to hold it over for consideration until their next meeting, at which time they would determine the propriety of its adoption. In the meantime, under the advice of the committee, the chairman presented to the Board of Directors, the following written communication:

WEST CHESTER, Dec. 10, 1849.

To Messrs. Fleming, James and Zook,

Directors of the Poor of Chester County:

GENTLEMEN:—I am requested in behalf of the committee appointed by the Chester County Medical Society, to confer with the Directors of the Poor, to repeat the proposition made to you upon the subject of our appointment, with a slight modification.

First—That a *resident physician* should be appointed, who shall reside in the house, and attend to all the cases requiring medical aid, in the absence of the *attending physician*, and who shall receive his *board* and *washing* as a compensation for his services.

Such an arrangement would prove highly beneficial to the sick, as they would be able to receive medical advice immediately upon their entrance into the house, and many *acute* cases of disease would by this timely attention, be prevented from assuming a *chronic* form. The advantages which the county would derive from the change would also be considerable. Besides the pecuniary saving by giving a physician his board instead of money, the more speedy restoration of many inmates to a state of health by early remedial means, would tend materially to lessen the expense to the county. This is evident to any one who gives the subject a candid consideration; saying nothing whatever of the humane feelings which should prompt such a line of policy. And yet we believe this consideration, above all others, the most imperative in determining our course of action.

Second—To divide the year into periods of three or four months each, and appoint two physicians or surgeons for each period, who shall be designated *attending physicians*; one of whom shall visit the institution weekly, and as much oftener as his services shall be needed. The resident physician to be under their direction, so far as is necessary to carry out the rules of the institution, which may be adopted by the board of attending physicians, with the approbation of the directors. The duties of the attending physicians to be rendered gratuitously.

I need not say, that this arrangement would most likely command much of the best medical talent within a reasonable distance of the house. Neither would it prove very burdensome to the profession. By dividing the labors in this manner among such members of the profession as would be willing to accept a post, no one would find it very troublesome to him, and much good might be done to the unfortunate sick, and the public interest be greatly promoted.

Third.—The directors to be at the expense of medicine, nursing, &c.

In relation to the matter mentioned at our interview with the Directors, about the keeping of the horse of the Resident Physician, upon consideration, the committee are willing to waive any stipulation upon this subject. Few young men whilst occupying such a post, would likely be the owner of a horse, and therefore, it would be needless to provide for his keeping. Upon this point we ask no provision to be made.

With regard to the *post mortem* examinations, we wish them to remain as heretofore stated, under the same regulations as now exist in private practice. None are made here without the consent of the relatives or friends. We ask none to be made in the institution, without the same authority, when there are relatives or friends whose wishes can be obtained. This matter is mentioned with a view to have no misunderstanding upon the subject. We fear some erroneous views might be circulated in relation to it. And hence we thought it best to bring it again before you in such a way as to avoid wrong impressions. All we want is a fair and just arrangement for the benefit of the sick themselves, the public interest and the healing art. But, perhaps, we may be asked, how the profession is to be benefitted by such a system of gratuitous service? Simply by a practical and careful observation of many interesting cases of chronic disease which must necessarily enter the institution every year. In this way, they would be brought under the eye of a larger proportion of the profession, and more desirable results obtained in relation to their nature, and a fuller share of practical knowledge imparted to those who might seek it. Certainly, no injury could result to the sick themselves in carrying out this plan. On the contrary, whatever course would bring their cases under the observation of a more extended experience, would prove beneficial to them, without the slightest sacrifice of feeling on their part.

Hoping the Directors who are the guardians of those unfortunate creatures who become the subjects of public char-

ity in our county, as well as the care takers of the public interest in relation to their support, will see the advantage of this arrangement, we leave the matter with great confidence to their enlightened judgment, and in the meantime remain, with sentiments of profound respect, their sincere friend and obedient servant,

WILMER WORTHINGTON,

Chairman of the Committee appointed by the Chester county Medical Society:

This letter was laid before the Directors at their meeting in December, but, contrary to the expectations of your committee, the proposition was rejected, and the old system of providing medical attendance in the House was continued. The benefits which were confidently anticipated from the proposed change of system, were so obvious to the minds of the committee, and so generally concurred in by all who gave the subject a candid thought, that its rejection was a matter of surprise. Under these feelings we regard it as a duty incumbent upon us, and feel assured our motives will be justly appreciated by so doing,, to recur briefly to some of those benefits the contemplated change would have secured to the citizens of our county.

The advantages which the paupers themselves would derive from the change of medical attendance are evident. There would always be a medical man in the House, ready at a minute's notice to administer to their wants; and in cases of difficulty a more enlarged experience could be had by calling in the Attending Physician. Acute cases would, under this arrangement, be more promptly met and sooner relieved; while chronic cases would be brought under a more rigid and experienced observation, and cures be more frequently effected. Where there are so many persons in the same institution, and a large portion of them laboring under disease, much inconvenience must always be experienced by the physician living at a distance, and especially when every extra visit is an additional expense. It is evident that there are but few extra visits made, whether on account of the expense or the trouble of communicating with the attendant, we shall not pretend to say: but certainly, it cannot be alleged, his services are not almost daily needed, in an institution containing so many invalids, and where a large number of deaths annually occur. Probably the physician is never sent for except in extreme cases, and even then doubtless, his arrival is often too late, to render his services available. This manifest

disadvantage would be obviated by a Resident Physician, and the right to call upon the Attending Physician without charge. If prompt medical attention in cases of suffering should under any circumstances be desirable, it must certainly be still more so, when enfeebled constitutions and advanced age add to the dangers incident to disease. Here the immediate attendance of a physician must prove highly useful. The vigor and elasticity of youth is gone, and that capability of enduring disease which belongs to early life having greatly subsided, death hastens with more rapidity to terminate a life already on the decline.

It will not be denied, I presume, that every system that promotes benevolent feelings contributes more or less to that high standard of enlightened philanthropy which distinguishes a community, and confers additional honor upon those who are instrumental in maintaining it. Then contrast the present inefficient and almost useless system of medical attendance in our county poor house, with that which was proposed by this society, and you see how widely different they are in securing that practical benevolence, which is so characteristic of a humane and enlightened people. The one is a mere apology for medical attendance, with but little of the good which an institution of this kind ought to confer, while the other makes ample provision for suffering humanity, bestowing honor on the county, credit on the medical profession and securing more perfectly the accomplishment of those benevolent intentions which led to the establishment of this public asylum for the poor and destitute of our county.

In a pecuniary point of view, the county would also derive benefit. Although we look upon this as a secondary consideration, yet, it is proper to notice the advantages which flow from this source, to a community already burdened with taxes and anxious to abate them in every reasonable manner. Under the present system the Directors paid for medical services in the House during the last year \$112, and for medicine \$100, making together the sum of \$212. Now under the proposed system, it would cost the county say \$100 for medicine, and the board and washing of the resident physician, which could not be worth a great deal in an establishment of that kind. Then take into consideration the advantage of having every acute case of disease which enters the House promptly attended to, in consequence of the physician being always at hand, and thus preventing it from assuming a chronic form, and you see that the county would be saved from a part of its present pecuniary burden.

The medical profession would also be benefitted by this arrangement, and hence they are willing to render gratuitous services. These advantages would not be the result of any sacrifice of feeling on the part of the paupers, or of duty resting upon those who provide for them. Whoever should be chosen Resident Physician, would meet in the course of the year with a large number of cases of disease, embracing almost every form of duty his profession enjoins; and at the expiration of his term, he would go out greatly improved in practical knowledge, and by his future labors contribute largely to the comfort and happiness of that community in which he should locate himself. By having a number of Attending Physicians, who would share the responsibilities and duties belonging to the station, rare, interesting and difficult cases would be better managed, and the lessons of instruction they would afford, be more generally diffused through the profession. Under the present arrangement how few of the profession in the county know anything of the cases that occur in the House, and what proportion of each form of disease recover? Has there ever been a record kept of the cases of disease and the result? Can we learn by any means whatever what maladies the inmates have generally died from who have ended their lives in the institution? This information would certainly prove useful in a hygienic point of view, not only to medical men, but to the humane public.

When such strong and reasonable inducements were presented to the Directors for a change in the mode of providing medical attendance in the House, it seems proper to inquire why it was not adopted? The committee are not without evidence that members of our own profession were instrumental in defeating it. We regret this the more because it was a proposition so magnanimous in its character on the part of the profession, and would have proved so humanely useful in its operation, that we can scarcely conceive how any one among us, in good standing, could have taken a course in direct hostility to the unanimous opinion of the American Medical Association, held in May, 1848, and fully expressed in the following resolution:

“Resolved, That the practice of appointing physicians and surgeons to the charge of an hospital, on political or other grounds than those of professional and moral worth, is inconsistent with the welfare of its inmates, and, of consequence, inhuman and unjust, subversive of the objects of its founders, and incompatible with a conscientious appreciation of the high responsibilities devolved on the appointing power.”

Such is the sentiment of the medical profession of our

country, and we feel assured it meets with a cordial approval from every member who is actuated entirely by those pure and elevated principles of benevolence, which are recognized as the basis of our professional action.

The committee would have experienced much gratification could they have brought the Directors to a favorable conclusion upon the subject committed to their care, or induced them to have so far appreciated the magnanimous motives which led our society to tender its services on such liberal terms, to aid in the alleviation of those afflicted creatures who are the subjects of their official care, and thus give to the proposition a fair trial. No difficulty could have resulted from such a course, Should it fail, it would be easy to return to the old system if no better could be devised.

With regard to the second part of the resolution, relating to compensation for attending out door paupers, the committee have received from the Directors the following regulations which they have adopted upon the subject:

For the first visit they allow one dollar, for subsequent visits, fifty cents each, but no two visits to be on consecutive days except in *extreme cases*. The date of each visit is required. A certificate is to be attached to the bill, signed by some person acquainted with the case, stating that the patient was sick, and that the services were rendered. All of which is respectfully submitted.

WILMER WORTHINGTON,	}	Com.
JOSEPH HICKMAN,		
ISAAC THOMAS,		
SAML. H. HARRY,		
BARTHW. FUSSELL.		

REPORTS OF CASES.

A Case of Caries of the head of the Os Femoris and Acetabulum, by CHARLES S. HEYSHAM, M. D., of Delaware County, Pa.

On the 15th of September I was called to see Mrs. S. A. D., aged about 45. Married, the mother of several children. She had been sick for some time previously, but being thought convalescent, she had removed from her former residence to my neighborhood, a distance of about nine miles. When I saw her, I found her laboring under an irritated fever, pulse

about ninety; no very great thirst, but complained as she expressed it, of her mouth being "gummed up." She had slight night sweats. Bowels moved nearly every day; complained of pain in right groin; could not walk without crutches, and experienced great pain in putting the right leg to the ground.

Upon examination I found that she complained of pain in the situation of femoral hernia, and when I pressed upon the spot she suffered greatly. Upon enquiry I learned that a swelling had appeared a short time before, but had disappeared after the application of a blister. I examined all around the hip joint, but found no swelling, nor did she flinch upon strong pressure. After a few days, a swelling appeared in the same situation as before; the tenderness increasing; less ability to move the limb; night sweats increased, but little appetite. These symptoms continued with but little alteration for about ten days, when fluctuation could be distinctly felt in the tumor. I at once opened it, and it discharged about a teacupful of yellowish green matter. During the night it discharged freely, supposed by the family about a pint, and continued to discharge more or less every day. Upon moving the patient a few days afterwards, the attendants heard as they supposed her thigh bone slip from the socket. I examined and found it to be the case, but her situation precluded all attempts at reduction. She still complained of no pain when the hip joint was pressed upon, neither did she complain of it till death.

The night sweats had now changed to continual sweating. I always found her in a profuse perspiration; she continued growing weaker; her appetite diminishing until she took no nourishment whatever. A few days before death slight tympanites occurred, but soon subsided. A small discharge took place from the bowel, which was said to be pus, a day or so before she died. Death occurred on the 29th of October.

Autopsy five hours after death. Assisted by Dr. I. R. Walker of Chester county, I made an examination, and found upon tracing the abscess that it communicated with the acetabulum, the surface of which as well as the head of the thigh bone was considerably roughened by caries. The thigh bone was thrown into the Ischiatic notch. The capsular ligament was destroyed except a portion of the upper side. No traces of the ligamentum teres remained. Through the ischiatic notch a sinus existed communicating with the interior of the pelvis. Upon opening the abdomen the peritoneum was found very much inflamed; the bowels empty, except a small portion of the large intestine; discoloured in patches, but no per-

foration could be found. On the internal surface of the bowel pus or matter resembling it was perceived, sufficient to account for that passed before death. No pus was found in the interior of the pelvis.

This case is rather uncommon, according to my observation. They are generally slow in their progress, but in this case, little over two months elapsed from the first appearance of the swelling till the fatal termination. Immediately over the seat of disease there was no swelling nor appearance of inflammation, neither was there any pain upon pressure. No complaint was made of any uneasiness arising from the inflammation in the abdomen. About three months before her death, she had walked a number of miles each day, visiting her friends, making no complaint of her hip, and bearing fatigue very well.—The disease under which she had labored previous to my seeing her was Pneumonia.

EDITORIAL.

Galvanism as a Remedial Agent.—C. H. Cleavland, M. D., of New York, has placed in our hands a pamphlet of about one hundred pages, containing the opinions of a number of medical men, who have given a portion of their attention to the use of galvanism as a curative agent. The selections are made with a view to impress the professional reader with the value and importance of galvanism in the treatment of various diseases. Dr. C. has also exhibited for our inspection, *Seymour's Galvanic Abdominal Supporter*, and we feel no hesitation in saying that it is an instrument adapted to the purposes for which it is intended. The employment of galvanism as a therapeutic agent, for many years, has been a subject which has engaged the attention of the medical profession in Europe as well as this country. Good results have, unquestionably, followed their labors; and many difficult and troublesome cases of disease have yielded to its judicious application. Many of the instruments, however, have been constructed without sufficient attention to correct scientific principles, and used by persons totally ignorant of the laws which regulate their action; and hence much evil as well as good may have been the consequence. It is therefore a source of pleasure to us, that

this instrument is constructed upon sound principles; and being in the hands of a scientific man like Dr. C., we may expect better things from its introduction to the profession. The instrument is not patented, and Dr. C. is desirous of placing it only in the hands of the profession, where its employment will no doubt contribute to the relief of many suffering females.

The *Supporter* may be had at several of the drug stores in this place.

We offer no apology for inserting in the present number, the opinions of Judges Woodward, Black and Lewis, of the Supreme Court, in a case of alleged malpractice. This decision is both interesting and important, as it exhibits the law in relation to the responsibilities which rest upon those who engage in the practice of medicine. Although we have no law in this state to prevent any one, however ignorant he may be, from attempting to discharge the duties of the physician, yet he is certainly amenable to either a civil or criminal prosecution, if, through gross ignorance or neglect, his patient suffer. Notwithstanding this liability to punishment for malpractice, how constantly do we see the grossest evils and injuries resulting from the ignorant pretensions of those who, under the various garbs of empiricism, assume the responsible duties of the medical profession. Men are engaged in the treatment of disease, who are totally unqualified for it; who know no more about the science and practice of medicine than a school boy, and still they go on with a few crude ideas of some absurd system of treatment, which, after doing much injury, explodes, and gives place to another, equally ridiculous, and perhaps still more mischievous. Yet so it is. The law is seldom invoked to punish such, although they fill a large space in some sections of our State, and frequently enrich themselves by their gross impositions upon a credulous community.

A stated meeting of the *Chester County Medical Society*, will be held at West Chester, on Tuesday the 25th of April, at 11 o'clock, A. M. An address will be delivered by Dr. Worthington, President of the Society.

MEDICAL NEWS.

What amount of Skill a Physician or Surgeon must have.

The following opinions, delivered by Judges Woodward, Black and Lewis, in reference to the subject of skill in a Physician or Surgeon, in attending a patient, to free him from the charge of malpractice, should he fail to effect a cure, will be read with interest. They are of more than ordinary importance, and it will be seen, overturns the law of the Court below.

Dr. Alexander G. McCandless vs. James McWha.—Error to Common Pleas of Beaver county.—Woodward, J.—This was an action on the case by the defendant in error against the plaintiff in error, a respectable physician and surgeon, for malpractice in setting a broken leg of the plaintiff, and the only question of any importance, presented for our consideration, is whether the Court erred in charging “that the defendant was bound to bring to his aid the skill necessary for a surgeon, to set the leg so as to make it straight, and of equal length of the other when healed; and if he did not, he was accountable for damages, just as a stone mason or brick layer would be, in building a wall of poor materials and the wall fell down; or if they built a chimney, and it should smoke by reason of a want of skill in its construction.”

It is impossible to sustain this proposition. It is not true in the abstract, and if it were, it was inapplicable to the circumstances of the case under investigation. The implied contract of a physician or surgeon is not to cure—to restore a fractured limb to its natural perfectness—but to treat the case with diligence and skill. The fracture may be so complicated that no skill vouchsafed to man, can restore original straightness and length, or the patient may, by wilful disregard of the surgeon’s directions, impair the effect of the best conceived measures. He deals not with insensate matter, like the stone mason or brick layer, who can choose their materials and adjust them according to mathematical lines, but he has a suffering human being to treat, a nervous system to tranquilize, and a *will* to regulate and control. The evidence before us marks this strong distinction between surgery and masonry, and shows how the Judge’s inapt illustration was calculated to lead away the jury from the true point of the cause.

Dr. Duncan describes the fracture as an oblique comminuted one, of the *tibia* and *fibula* of the leg, about half way be-

tween the ankle and the knee, and he says that on one occasion, when he was present at a dressing of the limb, he heard Dr. McCandless complain that McWha had loosened the bandages, and he told him that if he loosened them, his leg might be shortened, but McWha justified his act because his leg was painful. Now upon such a state of facts, the question was, not whether the Doctor had brought to the case skill enough to make the leg as straight and long as the other, but whether he had employed such reasonable skill and diligence as are ordinarily exercised in his profession. For less than this he is responsible in damages, but if he be held to the measure laid down by the Court below, the implied contract amounts, on his part, to a *warranty of cure*, for which there is no authority in law. In a fracture like this, a shortening of the limb is sometimes an inevitable consequence. Dr. Dorsey, in his *Elements of Surgery*, speaking of broken legs below the knee, says:—"The fracture of both bones is most frequent—it may be transverse or oblique, simple or compound, comminuted or single. The fragments are occasionally displaced in every direction. In transverse fractures there is generally no shortening of the limb, but in those which are oblique, the leg is generally shortened." And from Ferguson's *System of Practical Surgery*, cited in the argument, we learn that the fracture in the tibia may be oblique, and the fragments, two or more, may have a constant tendency to become displaced—there may be great irritability of the muscles, particularly during the early part of the treatment—great restlessness of the patient, or unwillingness to submit to the requisite confinement; in short, a vast variety of circumstances likely to cause difficulty in the treatment. Not to multiply authorities, these are sufficient to show that the rule prescribed by the Court is too rigid for this class of cases—that shortening of the leg may result from the most careful and approved practice, or from the misconduct of the patient. Nothing can be more clear than that it is the duty of the patient to co-operate with his professional advisers, and to conform to the necessary prescriptions; but if he will not, or under the pressure of pain cannot, his neglect is his own wrong or misfortune, for which he has no right to hold his surgeon responsible. No man may take advantage of his own wrong, or charge his misfortunes to the account of another.

We do not mean to intimate an opinion that this case was properly treated, or that the leg could not have been restored to the length of its fellow, but in view of the diversified circumstances that attend cases of this sort, it was very impor-

tant that the true rule of professional responsibility should have been given to the jury, with instructions that they should inquire, from all the facts in proof, whether the defendant had come up to it, or stopped short of it.

We have stated the rule to be reasonable skill and diligence by which we mean such as thoroughly educated surgeons ordinarily employ. If more than this is expected, it must be expressly stipulated for, but this much every patient has a right to demand in virtue of the implied contract which results from entrusting his case to a person holding himself out to the world as qualified to practice this important profession. If a patient applies to a man of *different occupation* or employment, for his assistance who either does not exert his skill, or administers improper remedies to the best of his ability, such person is not liable in damages; but if he applies to a *surgeon*, and he treats him improperly, he is liable to an action, even though he undertook gratis to attend the patient, because his situation implies skill in surgery. Per. Heath J. in *Shiels v. Blackburn*, 1 Hen. Blac.; 161 *Seare v. Prentice*, 8 East., 348.

The principle is contained in the pithy saying of Fitzherbert, that it is the duty of every artificer to exercise his art rightly and truly, as he ought. This is peculiarly the duty of professional practitioners, to whom the highest interests of man are often necessarily entrusted. The law has no allowance for quackery. It demands *qualification* in the profession practiced—not extraordinary skill, such as belongs only to a few men of rare genius and endowments, but that degree which ordinarily characterizes the profession. And in judging of this degree of skill, in a given case, regard is to be had to the advanced state of the profession at the time. Discoveries in the natural sciences for the last half century, have exerted a sensible influence on all of the learned professions, but especially on that of medicine, whose circle of truths has been relatively much enlarged. And, beside, there has been a positive progress in that profession, resulting from the studies, the experiments, and the diversified practices of its professors. The patient is entitled to the benefit of these increased lights.—The physician or surgeon who assumes to exercise the healing art, is bound to be up to the improvements of the day. The standard of ordinary skill is on the advance, and he who would not be found wanting, must apply himself with all diligence to the most accredited sources of knowledge.

If, in view of the principles here stated, Dr. McCandless shall be found, on re-trial, to have performed his whole duty to his patient, and that any defects in the limb are due to the

patient's fault, or to the peculiarities of the fracture there ought to be no recovery in damages. But if the blemish be fairly attributable to professional negligence, the jury should assess the damages.

The only remaining error assigned is scarcely worthy of notice. The action depended so entirely on its own circumstances that the observation of the Court as to the policy of such suits was irrelevant, and we may fairly presume harmless. But for misdirection on the other point the judgment is reversed, and a *venire de novo* awarded.

McCandless vs. McWha—Black—We all concur in the law of this case. The Judge, in his charge, fell into an error in stating the amount of skill required in the treatment of this case. We reverse for that reason. But when we decide the legal point we are done with it. We are not authority on questions of surgery. Our hands are abundantly full of questions which belong to our own profession, without volunteering opinions on sciences which relate to others. I think it necessary to say this in order to prevent the Court below, on second trial, from supposing that we intend to give them any instructions on matters in which we have no jurisdiction.

McCandless vs. McWha—Lewis J.—Without dissenting from the able opinion of Mr. Justice Woodward, I make the following additional remarks: The case is peculiar, and relates to matters of such general interest as to justify this course. The Court below charged the jury that "the defendant was bound to bring to his aid the skill necessary for a surgeon to set the leg so as to make it straight and of equal length with the other when healed; and if he did not he was accountable in damages, just as a stone mason or bricklayer would be in building a wall of poor materials, and the wall fell down; or if they built a chimney, and it would smoke by reason of a want of skill in its construction." This is the error complained of, and it seems to be thought that the Court, in giving this instruction, held the surgeon bound, under all circumstances, to cure the fractured leg so as to "make it straight and of equal length with the other when healed." I do not so understand the language of the Judge. He only held the surgeon bound to "*bring to his aid*" the skill necessary for the purpose. If the fracture in question was one which might have been restored by the exercise of ordinary skill, there was no error in requiring its exercise from one who held himself out as possessing it, and received compensation for his services in consequence of his represented professional ability. This brings us to the question: Was the injury one which might have been

cured by the exercise of ordinary surgical skill? To decide this question we must have a description of the fracture. The evidence given has not been brought up by the bill of exceptions, and the defendant in error objects to that part of it which has been inserted in the paper-book without being certified as correct. The only testimony presented for consideration here, by the plaintiff in error, is the deposition of Dr. Duncan, who was his student at the time of the injury, and visited the patient in company with his preceptor after the first visit of the latter. This witness describes the injury to be "an oblique comminuted fracture of the *tibia* and *fibula*, nearly half way from the ankle to the knee, or thereabouts;" and informs us, in speaking of the treatment of it by Dr. McCandless, that "there were splints on the fore and back parts of the leg, reaching from the ankle to the knee, to keep up extension and counter extension. Doctor M'Candless, on this visit, complained that the patient had "disturbed the bandages and dressing *by loosening them*;" and the patient "defended the act of *loosening the bandages*, because the leg was painful." The witness further states that the leg, at this time, was "considerably swollen."

We have no precise account of the manner in which the splints were secured, so as to "keep up the extension and counter-extension," for which the witness tells us they were designed. I am unable to comprehend how splints "reaching only from the knee to the ankle," could be applied to such a purpose without manifest danger of injury by means of the attachments which would be necessary to produce the result. *Extension*, as used among surgeons, is the force exerted on the lower fragment, in order to bring its superior extremity lower than the inferior extremity of the superior fractured portion; and *counter-extension* is a resisting force which prevents the whole limb, or even the body, from obeying the force of extension. The attachment, by means of a circular bandage at the ankle, for the purpose of extension, and that at the knee, for the purpose of counter-extension, would tend to impede the circulation, particularly the venous return, (which ought not to be obstructed,) and would irritate the parts so as to produce great pain and probable injury. Professor Boyer, in his Lectures on Diseases of the Bones, recommends that the splints should be long enough to extend from the knee to *a short distance beyond the sole of the foot*, and that they should rest perpendicularly on their edges, and a third splint on the anterior portion of the leg. Professor Miller, in his Principles of Surgery, states that the splints should "*invariably* be of

sufficient length to *command the neighboring joints*, otherwise, by rotation, re-displacement will certainly take place." Dr. Hutchinson recommends splints extending from the knee *six or eight inches below the sole of the foot*, so as to dispense with irritating attachments at the ankle. But Professor Dorsey, whose skill and experience entitles his opinion to great respect, in his work on Surgery, informs us that even Hutchinson's convenient method is found to produce great irritation, and to cause the leg to swell from the pressure of the circular bandages; and that when this happens, in oblique fractures of the leg, (such as the case in question,) *the long splint of Desault must be substituted*, and the *counter extension made at the pelvis*, in the same manner as in the case of a fractured thigh, except that the leg must be dressed with the bandage of strips." In fractures of the thigh, permanent extension is usually effected by means of a long splint, acted on by a band attached to its upper extremity, and passed over the perineum, by the tightening of which the splint and the limb are pushed steadily downwards. By the addition of a shorter splint, but long enough nevertheless to extend from the perineum to six or eight inches beyond the sole of the foot, united at the lower extremity to the long splint by means of a cross-piece, the extending force could be applied to the ankle by attachments to the cross piece, in such a manner as to avoid irritation or other injury. But according to the opinion of eminent surgeons, "a short splint, extending a little above and below the fracture only, is not only an absurdity but a mischievous absurdity."—Miller's Prin. Surgery, 506. Entertaining these views of the case, I am bound to say that the plaintiff in error has failed to satisfy me, either upon philosophical principles, or by surgical authority, that the means made use of, for the purpose of producing "extension and counter-extension," were adequate or even proper for the purpose. If this was a case in which such extension by artificial means was not required, the mere want of adaptation of the means to that end would be immaterial. But we must remember that the fracture was oblique, not transverse—that it was comminuted—that is, the bones were broken not only at one point, but many—and that both the *tibia* and *fibula* were thus fractured. Under these circumstances, in preventing the shortening of the limb by the contraction of the muscles, no reliance could be placed upon the bones thus broken into fragments. The necessity of supplying the place of these natural splints, by artificial means, must therefore have been manifest to a surgeon of ordinary skill in his profession. But in addi-

tion to the application of means not sufficient to produce the result which was indispensable to a proper restoration of the leg, there is reason to believe, judging solely from the imperfect view of the evidence presented by the plaintiff in error himself, that the short splints were applied by attachments above and below the fracture, so as to impede the circulation, to irritate the parts, to cause the limb to be "considerably swollen," and to produce so much pain that the patient, notwithstanding the strong motive which he had to submit to any treatment likely to effect a perfect recovery, "loosened the bandages because the leg was painful." If this was the case, whatever may be thought of the propriety of the original application of these means of extension, their continuance, and the neglect to adopt others less liable to objection, was *prima facie* evidence of a want of surgical skill, and if not explained to the satisfaction of the jury, the defendant below ought to answer in damages for the injury.

A patient is bound to submit to such treatment as his surgeon prescribes, provided the treatment be such as a surgeon of ordinary skill would adopt or sanction. But if it be painful, injurious and unskillful, he is not bound to peril his health, and perhaps his life, by submission to it. It follows that before the surgeon can shift the responsibility from himself to the patient, on the ground that the latter did not submit to the course recommended, it must be shown that the prescriptions were proper, and adapted to the end in view. It is incumbent on the surgeon to satisfy the jury on this point, and, in doing so, he has the right to call to his aid the science and experience of his professional brethren. It will not do to cover his own want of skill by raising a mist out of the refractory disposition of the patient.

The intemperate habits of the patient are also relied upon here. But this furnishes no excuse for the want of skill in the surgeon. On the contrary, it was a circumstance calculated to admonish him that the case called for more skill and care than cases of less difficulty demand. We are, therefore, brought back to the main questions in the cause.

1. Did the surgeon exercise ordinary skill and care in his treatment of the patient? If he did, he is not liable. If he did not, he is.

2. Was the injury one which, under all the circumstances, might have been perfectly cured by ordinary surgical skill and care? If it was, and the surgeon failed in his duty in this respect, the damages ought, at least, to be commensurate with the injury. If the injured leg was not susceptible of a more

perfect restoration, the surgeon would nevertheless be liable for any unnecessary pain or delay occasioned by the application of unskillful and improper remedies.

Although the error assigned may not be fully sustained, we have nevertheless a right, in our discretion, to reverse for an error not assigned, if it is believed to involve an important principle, or to affect the justice of the case. In the charge the Court told the jury in substance, that the surgeon was bound to bring to his aid the skill necessary to effect a perfect restoration of the leg. The propriety of this instruction depended upon the question whether the injury was one which, under all circumstances, a surgeon of ordinary skill might have perfectly cured. This was a question of *fact*, which should have been submitted to the jury. . Plain as the question may seem, it is not a matter of *law*, the decision of which can be taken from them and assumed by the Court. There was, therefore, error in giving the peremptory and unqualified direction which withdrew this part of the case from the jury. But there are errors of omission as well as those of commission. When the judge spoke of the obligations of the surgeon to bring to his aid the necessary skill, he ought to have enforced the correlative duties of the patient to submit to all the skillful and proper requirements of his professional attendant. When the jury were told, in effect, that the defendant was liable if he failed to exercise the skill necessary to a perfect restoration of the leg, they ought also to have been informed that if he exercised ordinary skill and care, he is not responsible for the disastrous result which ensued. Where a case turns upon a question of fact, the jury should be advised of the conclusions of law which apply to each aspect of it. The object of investigations is to enable the jury to form an enlightened judgment on the whole case. The errors of commission and omission referred to, tended to give the jury a one-sided view of the controversy, and, when considered in connexion with the facts that a *professional man* was on trial before a jury of laymen, and that the Court, instead of guarding him, as in duty bound, against the prejudices likely to arise in such cases, actually indulged in a strain of remark calculated to inflame them, it is our duty to correct all the errors within our reach. The remarks complained of in the second assignment of error, affirm no principle of *law*, and are therefore not the subject of review here, further than as they suggest the propriety of exercising a prudent discretion in regard to matters which are subject to review.

It is important to the interests of society, that the profes-

sion entrusted with the preservation of the health and lives of the community should be held to a strict rule of accountability. Men of true science will not object to this. They court investigation. But the incompetent practitioner and the designing empiric, "love darkness rather than light," and the sooner they are driven, by judicial scrutiny, into other pursuits for which they are better qualified, and where they can do less mischief, the better for the public welfare. But it is equally important that professional services should be fairly treated, and that true skill and worth should receive the firm protection of the law. All men have a right to the instructions which make in their favor. But the exigency of the surgeon's case rendered them indispensable on the present occasion. The difficulties which seem to stand in his way are sufficient, without aggravating them by withholding the proper instructions in his favor.

For these reasons I am in favor of reversing the judgment and awarding a *venire de novo*.

BIOGRAPHICAL DEPARTMENT.

Biographical notice of DR. ISAAC DAVIS, of Delaware county, Pa. Reported to the De'aware county Medical Society, by C. J. Morton, M. D.

His history is short. He was the eldest son of General John Davis, of the Great Valley, Chester county. His mother's name was Nancy, the daughter of John Morton, a name familiar to every one who has read our struggles for Independence.

Dr. Davis was born in Tredyffrin township, Chester county, Pa., July 27, 1787.

Dr. Thomas Harris, U. S. N., his ardent and intimate friend, informs me that "he commenced the study of the Latin and Greek languages with the Rev. Wm. Latta; afterwards he went to Norristown and pursued his education with diligence and success, under the direction of the Rev. John Jones, a Presbyterian clergyman."

"In the year 1806, he commenced the study of medicine with Dr. Joseph Shallcross, of Darby, Delaware county, and after remaining with him some time, he placed himself under the tuition of a private physician of Philadelphia, Dr. Elijah

Griffith, and completed his medical education by attending three courses of lectures in the University of Pennsylvania. He received his diploma from that institution in 1810. The subject of his inaugural discourse was dysentery." He entered upon the practice of his profession in Edgemont township, Delaware county, and was cared for in the family of Everet Passmore, near the William Penn. He had, however, been here but a short time, says Dr. Harris, before "he received an appointment from President Madison, as Surgeon of the Sixth Regiment of the U. S. Infantry, under the command of Colonel Simonds, who was then stationed at Albany, N. Y. After being at Albany about six months, the regiment was ordered to Carlisle, Pa. From there he, with his regiment, was sent to Pittsburg, Mobile, New Orleans, Baton Rouge, and finally to Fort Jackson, Mississippi, where he closed his life by the rupture of a blood-vessel in the lungs, July 21st, 1814, in the 27th year of his age. Dr. Davis was a talented and accomplished gentleman and skillful physician." He was never married.

Dr. Davis had a large and attached acquaintance, and he possessed every quality of head and heart, that was suited to gain friends and to keep them. He was a warm-hearted, affectionate, whole-souled, young man; full of fun and fond of gaiety, yet strictly moral and exemplary in all his conduct.

The tenderest is often soonest blasted; but the freaks of fickle fortune determined him to enter the public service, depriving the associations of private life of the benefit of virtues so well suited to improve and adorn them.

JOHN WORTHINGTON was the second son of Isaac and Martha Worthington, and was born in the township of Buckingham, Bucks county, Penna., on the 21st of January 1771. He removed to Goshen township, Chester county, with his father, when about twelve years of age. He received a tolerable English education prior to his entering upon the study of medicine. The first part of his medical studies was prosecuted in the office of Dr. Jacob Ehrenzeller, living on the adjoining farm to his father, and the latter part under the care of Dr. Joseph Moore, of the borough of West Chester. He attended the lectures at the University of Pennsylvania, but, like most of his contemporaries, took no degree. In 1795 he commenced the practice of medicine at Pughtown, Chester county, where he remained untill 1801, when he removed to Byberry township, Philadelphia county, and continued to discharge the duties of his profession in that place until the year 1830.

On the first of November, 1804, he married Elizabeth Comly. He had five children—two sons and three daughters. Of these, only two are living; (April 20, 1853.) Rachel, married to Amos Wilson and residing in Burlington, N. J., and Mary E. Williams, who is also married and lives in Philadelphia.

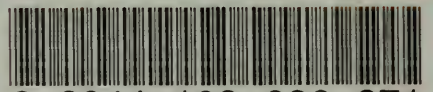
For several years prior to his death his health began to fail, and he exhibited symptoms of paralysis, which were attributed to an injury of the cervical portion of the spinal column, by a fall he received when about forty-five years of age. On the 24th of November, 1831, he died suddenly, from an attack of apoplexy.

Dr. John Worthington was much respected in his neighborhood as a physician and a citizen, and greatly beloved as a husband and a father. He enjoyed a large share of the public confidence, and for many years was in the possession of an extensive and lucrative practice.

W. W.

JAMES GIBBONS, eldest son of Thomas and Mary Gibbons, (who was a daughter of James Brinton,) was born about the year 1776. His parents resided in East Bradford township, at the forks of the Brandywine. He received a good ordinary English education at John Forsythe's school, at Birmingham meeting-house, and paid some attention to the Latin language under the tuition of his uncle, James Gibbons. About the year 1799, he commenced the study of medicine with Dr. Jacob Ehrenzeller, of West Chester, and attended a course of lectures at the University of Pennsylvania. Of course he did not *graduate* upon a single course of lectures. He practiced medicine about two years in West Chester and vicinity, as a successor of Dr. Ehrenzeller, having purchased the residence of Dr. E. in West Chester, in 1803, when that physician retired to his farm in West Goshen. His failing health induced him to retire from practice. In 1805 he sold his residence to his brother in law, Dr. Moses Peirce, and after a lingering illness, died on the 13th of January, 1808.

Dr. Gibbons, in the year 1802, married Sarah, daughter of Caleb and Hannah Pierce, and a grand neice of Humphrey Marshall. He left one child,—a daughter,—now Mrs. Hannah B. Edwards, (widow of Hon. John Edwards,) who, with her only son, William G. Edwards, now (1853) resides in West Chester. [This meagre sketch, furnished partly by Mrs. Edwards, and partly drawn from my personal knowledge, is all I could obtain.—W. D.]



3 2044 103 086 971